Reg. Dist. No.

	097	50	CERTIFICA	ATE OF I	DEATH			Reg. Dist.	No.	
PLACE OF DEATH	gany		MARYLAND	H CYATE	DENCE (Who	ere deceosed liv	ed. If institution b. COUNTY	Alleg		issian)
b. CITY OR TOWN	If autside carporote limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If or	utside corporate	limits, write R			wn)
Cumber.	Land		Lifetime	02 (lumbe	rland				
d. NAME OF HOSPI OR INSTITUTION 600 Na	TAL (If not in hospital, g	ive street hwa:	address)	d. STREET A	DDRESS	al Hig	hway-I	ia Val	Le e. IS R ON YES	A FARM?
3. NAME OF DECEASED (Type or print)	Fin Lu1		Middle L	Boden	t	4. DATE OF DEATH	Man 9	th	Oay 2	Yeor 1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRT	Н	9	AGE (In years	IF UNDER 11		
Female	White	WIDOW	ED DIVORCED	Oct.8	1898		ast birthday) yrs.	Months Do	pys Hour	rs Min-
10a. USUAL OCCUPATI	ON (Give kind of work of	dane 10b.	KIND OF BUSINESS OR INDU			or foreign count	ry)	12. CITIZE	N OF WHAT	COUNTRY
Housewi:	king life, even if retired)	Own Home	Cumi	perla	nd, Md			USA	
13. FATHER'S NAME			01111	14. MOTHER'S					UDE	
	W. Hammer	remi	th			ces Ro	hinson	2		
	ER IN U. S. ARMED FOR			NFORMANT	Lian	C 65 110	Addi			
(Yas, no, or unknown)	(If yes, give wor or dates of s	arvice)		ick D.	D = al ===	Chamb				
Conditions, if a gave rise to cause (o), stating lying cause lost. PART II. OT	the under-	, Ca	venina o contributing to DEATH BUT	1 com	y w	then	on Dirion Giv	Cours I	2 / (o) 19. WA PERI YES [S AUTOPS'
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRE							
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yes	ar 20d. I While at wor	Not while fo	ACE OF INJURY (clory, street, offic	Home, form, e bldg., etc.	20f. (City or	town)	(Cou	inly)	(Stale
21. I certify the alive an	homes	7	and that death	M.D. Cum	4 P. berla		couses on divide the course of	d on the o	date state	ed abav
BUTTLE Specify	9-5-59		22c. NAME OF CEMETERY O		Park	22d. LOCATION Cumb	orland		4	tole)
23. FUNERAL DIRECTOR		li.C	ADDRESS umberland. M	[d •	240. REC'T	BY REGISTRAL	24b. REGIS	STRAR'S SIGN		

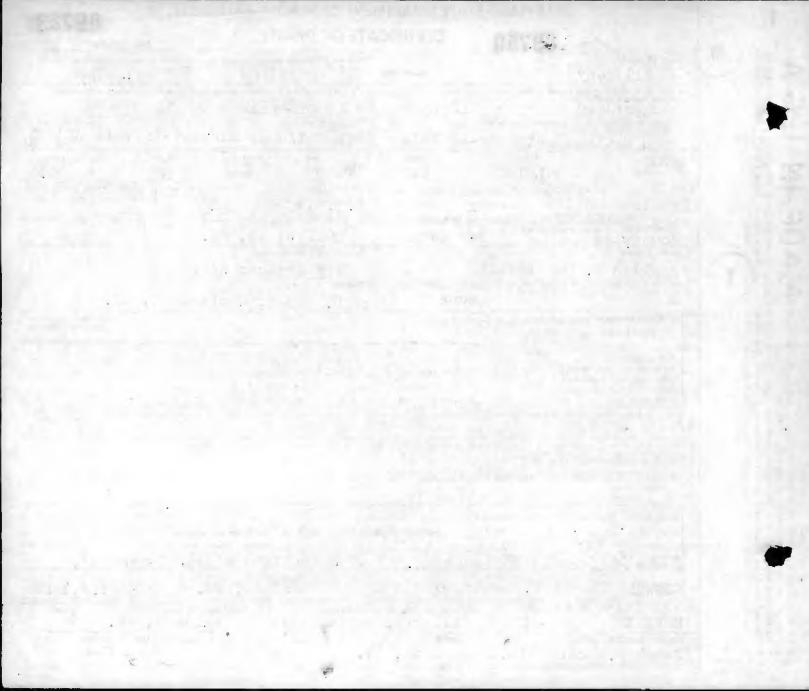
TO HOSPITAL OR A FINDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours off may be retained. The hospital or ottending physician.

TO FUNERAL DIR. AR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifthe registrar prior to burial, cremation, or removal, and in any event within 72 flours and each.

VS A15 (4) 15M 9/58

grol director, be filed with

should be



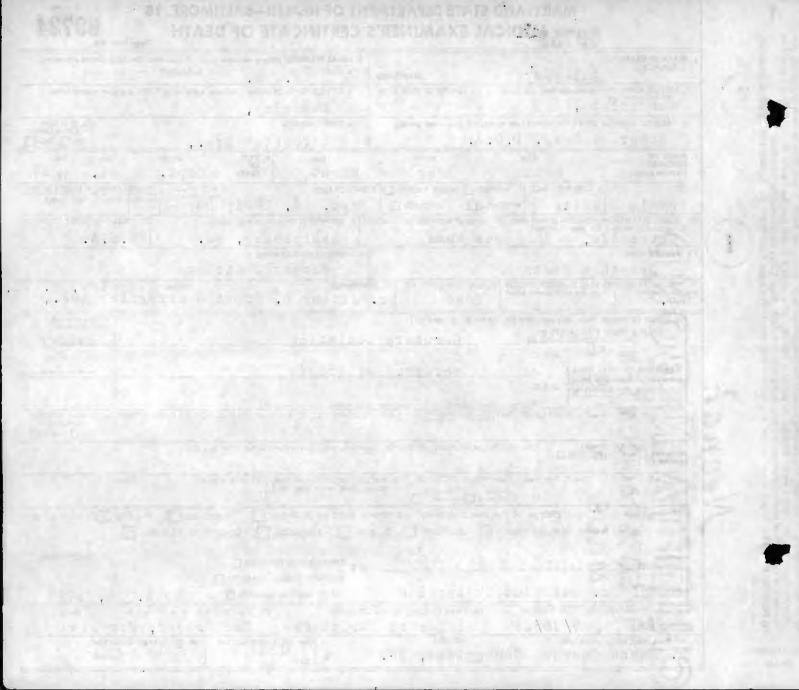
ar removat.

VS. A15ME(5) SM 9/55

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- 1	MARYLAN	D STAT	E DEPARTME	NT OF HEAL	TH-BA	LTIMORE,	18
09	75 MEDIC	CALE	XAMINER'S	CERTIFICA	TE OF	DEATH	Re

	0000							Keg, Dist.	. 140.
PLACE OF DEATH				O STATE			ived. If instit	P4 -	e before admission)
	Allegany		MARYLAN	D		Va.		MINE	
cumber I	Il outside corporele fimits, write I n) and,	URAL	c. LENGTH OF STAY IN 11		idge]	f outside corporo	le limits, write	RURAL and gi	ive nearest fown)
d. NAME OF HOSPIT	TAL OR INSTITUTION (IF	not in hos	pital, give street address)	d. STREET					e. IS RESIDENCE
Memori	al Hosp. 1	0.0.	Α.	4 C	arper	ter Av	е.		YES NO)
NAME OF DECEASED (Type or print)	Retta	•	May	Bran	t	4. DATE OF DEATH	Sept		Doy Year 14, 19 59
- SEX	6. COLOR OR RACE 7	- MARRIE	D NEVER MARRIED	8. DATE OF BIRT	Н	9. /	GE (In years	IF UNDER TY	EAR IF UNDER 24 HRS
Female		VIDOWED		1	24,	1871	88 yrs.	Months Da	ys Haurs Min.
during most of working Housewi			IND OF BUSINESS OR INDU	STRY 11. BIRTHP	LACE (State		d .		N OF WHAT COUNTRY
3. FATHER'S NAME				14. MOTHER'S					
Jonat	han Moats			M:	argai	et Sto	bbs		
S. WAS DECEASED EV	FR IN U. S. ARMED FORCE	rico)	The second secon	INFORMANT			Address	Ridge rpente	ley, W. V
Conditions, if a gave rise to immed (a), stating the cause last.	diale cause		coronary	sclero	sis				
	HER SIGNIFICANT CONDI		NTRIBUTING TO DEATH BUT					VEN IN PART 1	a) 19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAL PRIMARY Or COI CAUSE OF DEATH.	NTRIBUTING [DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of i	njuty in Par	t I ar Part II af it	em 18.)		
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Year	While	NOT WHILE OF THE STATE OF THE S	ACE OF INJURY office	Hame, farn bldg., etc	1, 20f. (City or 1	own)	(County	(Stole)
21. I certify th	not I took charge o	f the re	emains described ob	ove, held ar	Autops	y , Inspe	ection X	Inquiry	X, and find tha
	from: Natural co	uses K	Accident [], Si	vicide 🔲, I	lomicide		termined (
ACTUAL SIGNATURE	remedict)	SKU	larelie)	M.D.		CAMINER [DATE SIGNED
EXAMINER'S ENAME (Type)	Dr. Benedic	t S	kitarelic			al examiner 🗖 Examiner 🗖		pt. 24	4. 1959
Burial, CREMATIO REMOVAL (Specify)	9/26/59		22c. NAME OF CEMETERY O		Park	22d. LOCATION	(City, town,		(State)
H. Wayne		Cumb	erland, Md.		240. REC SE		24b. REGI	STRAR'S SIGNA	TURE



FOR STATE HEALTH DEPT.

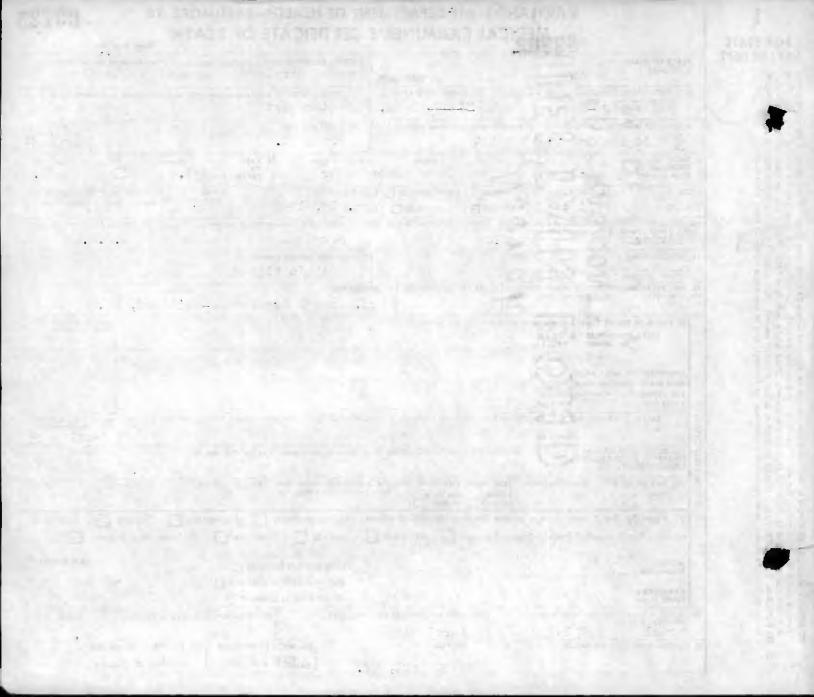
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death. If any delay is ne 2, and 3 to the funeral dage 5 may be retained for and 2 with the State Bod on 7 2 hours after death. TO DEPUTY MEDICAL EXAMINED

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þ	0	4	0	or its designated agent, prior to burial, cremation, ar removal, and in any event within

VS. ATSME 5M 2/57

		0300	3							Keg.	DIST. NO		
	o. COUNTY	Allegany		MARYLAN		USUAL RESIDENCE OF STATE ME	E (Where de	-	ed. If institu		dence be		ission)
	Western	(if outside corporate limits, with	RURAL	c. LENGTH OF STAY IN THE		c. city or rowi Westernp		corporole	limits, write	RURAL a	nd give n	earest to	own)
		est of West		spital, give street address)		Green S		1				ON	A FARM?
	NAME OF DECEASED (Type or print)	McComas	st	Middle Bro	oadw	lost	4. DAT OF DEA	0	Month	1	17 ^{Doy}		Year 1959 •
5. 1 M	sex ale	6. COLOR OR RACE White	7. MARRI	DIVORCED	-	E OF BIRTH 18	393		GE (In years harladay) GO yes.	ff UNDE Months	R IYEAR Doys	Hours	ER 24 HKS Min.
10e	USUAL OCCUPA during most of wor Parmer	TION (Give kind of work king life, even if retired)		KIND OF BUSINESS OR INDU	STRY	Marylar		gn country	1)	12. CI	U.S.		COUNTRY
	Kenner's NAME	Broadwater			14.	MOTHER'S MAID!	Wila	nd				The state of	
	WAS DECEASED	EVER IN U. S. ARMED FO			Mrs.	Joseph	Grand	staff	Address -Suitl	and,	Md.		
		nediote couse	-5	Trangu arou	la,	dn	by	2	ope		ONS	IVAL BETWEET AND DE	ATH
CERTIFICATION				ONTRIBUTING TO DEATH BUT						EN IN PA			AUTOPSY ORMED?
MEDICAL CERTIF!	20c. TIME OF IN. Hour o. r	JURY Month, Doy, Yeo	9 Zd or 20d. While	INURY OCCURRED 200 PI	ACE OF	F WIJURY (Home, treet, office bldg.,	form, 20f.	City, aglo	yr	0/2	e ounty)		(State)
		that I took charge h resulted fram: I		remains described ab causes . Accident	_	Suicide X	Hamic	ide ,	ction [Z] , Undeter		monne M	r 🔲	sioned
220	BURIAL CREMATE SPECIAL	(h) 9/21/59)F	Laurel Hill	R CREA	MATORY		SCATION OBCOW	(City, Iown, o	or county)		(Stot	•)
23.	FUNERAL DIRECTO	PR'S SIGNATURE		Westernport.	Md.		SEP 2 2		246. REGIS	TRAR'S S	IGNATUI	RE	



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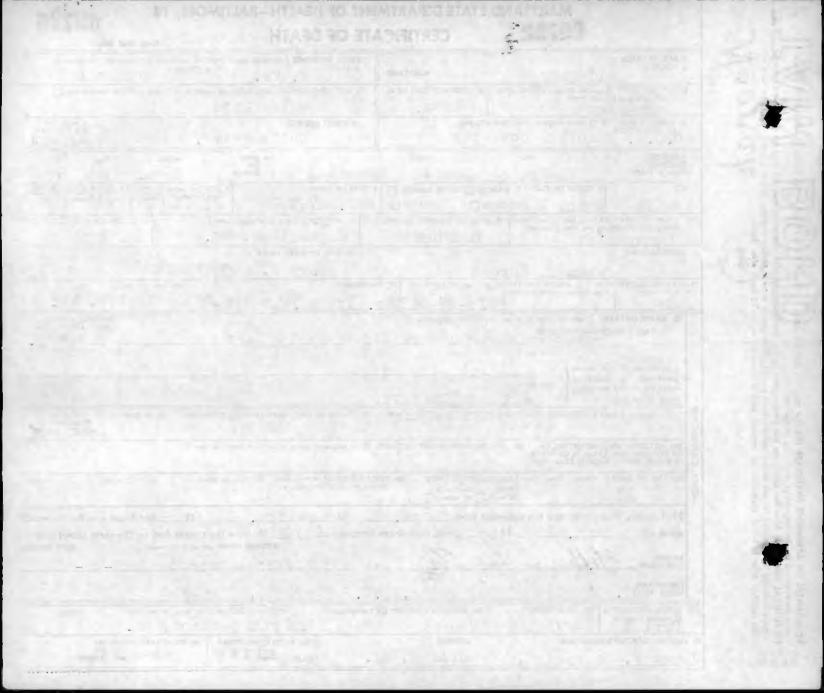
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09752

CERTIFICATE OF DEATH

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OCHOR

								KAR DIST	. 140.	
1, PLACE OF DEATH b. COUNTY	Allegany		MARY	LAND 2	USUAL RESIDENCE (WIN		b. COUNTY		e before odmi	issian)
b. CITY OR TOWN RURAL and give	(If outside corporate limit	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If o	utside corpo	rate limits, write l	RURAL ond gi	ve hearest to	wn)
Cumber	land		Mins.		Wile	y Fo	rd	85	X-3	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, gi	ve street	oddress)		d. STREET ADDRESS				e. 15 RE	ESIDENCE A FARM?
D.O.A.	Memorial H	losp	itai		Holl	land	Ave.			K ON
3. NAME OF DECEASED (Type or print)	Violet		Middle Pearl	Br	owning	4. DATE OF DEATH	Moi S.E	ent.	0ey 24	Yeor 19 59
5. SEX	6. COLOR OR RACE			ED 6. 1	PATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UNE	
Female	White	WIDOWI	ED DIVORCE	DO F	eb. 27,19]	18	last birthdoy)	Months D	Days Haurs	Min.
100. USUAL OCCUPAT	IION (Give kind of work dorking life, even if retired)	one 10b.	KIND OF BUSINESS C				ountry)	12. CITIZ	EN OF WHA	T COUNTRY
Housew	1 0		Own Home	е	Cumberla	and,	Md.		USA	
13. FATHER'S NAME					4. MOTHER'S MAIDEN N	IAME			0.000	
	James T. S	shro	ut		Mary H	F. St	onebrak	cer		
15. WAS DECEASED ET	VER IN U. S. ARMED FORCE	ES? 16.		17. INFO			Add			
no	(if yet, give wor or agree or se		214-07-64	IOIr.	Irvin Bro	ownin	g.Wiley	Ford	1.W. V	la.
18. CAUSE OF D	EATH [Enter only one cou								INTERVAL 8	BETWEEN
1	EATH WAS CAUSED BY				heart fa	iluma			ONSET AN	D DEATH
410×	DUE TO		0011,0	~ ~ ~ ~ ~ ~	1.002 0 40	the state of the Samuel			G 111	V.QI. D.
Conditions, if	ony, which) (b)	13.1.1	ral sten	osia						
gove rise to couse (o), statin	immediate Dus To		The Substitute of the Substitu							
lying couse las		Rhe	umatic f	ever						
CAT	THER SIGNIFICANT COND	OITIONS C	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	VEN IN PART	PERF	AUTOPSY ORMED? NO
	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED. (inter nature of injury in P	art I or Pari	I II of item 1B.)			
20c. TIME OF INJU Hour g. m p. m	10	While	Not while of work	20e. PLACE factor	OF INJURY (Home, farm, , street, office bldg., etc.)	20f. (City	or town)	(Co	eunly)	(Stote)
21. I certify	that I attended the	decease	ed from Sen	t. 22	_, 19.59, to Se	nt. 2	4 . 19 5	9.that I la	st saw the	decease
alive on					curred at 1:05					
	alul	/	1 Ax				reel, city or lawn,			ATE SIGNED
ACTUAL SIGNATURE_	THeure	Me	ers (1)	M,D	133 Virg	inia	Avenue		9-25-	59
PHYSICIAN'S NAME (Type)	Overton	Him	elwright		.Cumberla					
	ION, 226. DATE THEREOF		22c. NAME OF CEM				ION (City, town,		(Sto	ote)
Burial	" 9-27-19;	59	Sunset	Memor	ial Park	Cumb	erland	Md.		
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24a. REC'D	BY REGIST	RAR 246. REGI	STRAR'S SIGN	NATURE	
James F.	Scarpelli	. Cu	umberland	, Md.	DATE	SEP 2 9	59	Children d	t trains	



Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the under-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month.

lying couse lost.

NAME (Type)

James

Day, Year 20d. INJURY OCCURRED Not while Hour a.m While of work of work D. m

20e. PLACE OF INJURY (Home, form, | 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stole)

(Slote)

PERFORMED? YES TO NO TO

21. I certify that I altended the deceased from 9. 19____that I last saw the deceased and that death accurred at 8:30P M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state DATE MIGNES

ACTUAL SIGNATURE PHYSICIAN'S

Bichard Williams N. Centre

22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

. Scarpelli

Hillcrest Burial **ADDRESS** Cumberland, Md.

Park Cumberland 24g, REC'D BY REGISTRAR DATE OCT \$ 2 '59

24b. REGISTRAR'S SIGNATURE Oritury & Traves

22d. LOCATION (City, town, or county)

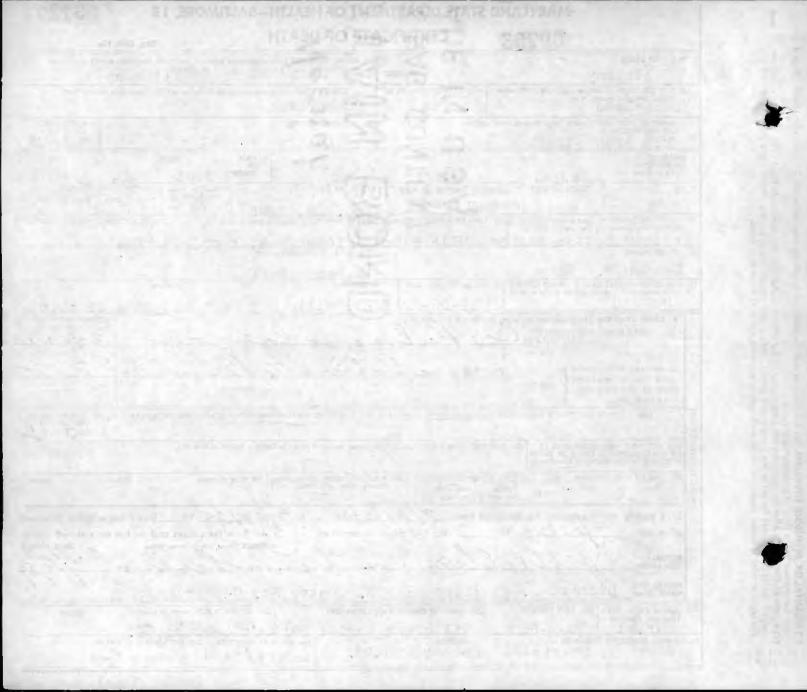
VS A15 [4) 15M 10/57

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page the re 10



		03754	CERTIFIC	CAIL OF L	/LATE			Reg. Dist. No.	
		LLEGANY	MARYLAN	o. STATE	PENCE (Whe	re deceased lived.	If institution COUNTY	Residence before	
	b. CITY OR TOWN (If a RURAL and give neon CUMBERLA	utside corporate limits, wri est town) i ND	c. LENGTH OF STAY IN 1		ACONIN	itside corporale l'in IG	nils, write RUR	RAL and give near	est Iown)
		(If not in hospital, give str		d. STREET A	Dota	old.			IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First EMM/	Middle	CAMER		4. DATE OF DEATH	Month SEPTI	EMBER 3	Year 19 5 9
5.	FEMALE 6	3.000 TE	AARRIED NEVER MARRIED OWED DIVORCED	007000		1886 P. AG		Months Doys	F UNDER 24 HR Hours Min
100	o. USUAL OCCUPATION during most of working	life, even if retired)	106, KIND OF BUSINESS OR IN		RYLAND			12. CITIZEN OF V	
13.	FATHER'S NAME	OBERT MOFFAT		14, MOTHER'S		ARBRIGHT			
		N U. S. ARMED FORCES? res, give war or dates of service	16. SOCIAL SECURITY NO	INFORMANT MEMORIAL	HOSPI		Addres		
CATON	Conditions, if any, gove rise to imm couse (o), sloting the lying couse lost.	punder- DUE TO (c)	Bus at	LAND RELATED TO	ALL STHE TERMIN	Sail disease cons	ENAL DITION GIVEN		WAS AUTOPS PERFORMED? YES NO
HCAL CERTIF		CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Yeor 20		RRED. (Enter noture of PLACE OF INJURY of foctory, street, office	(Home, farm,	20f. (City or tow		(County)	(Stat
MED	21. I certify that alive an ACTUAL SIGNATURE		(=14	ath accurred at	7:42	AMfram the characters (Street, ci	auses and		
220	PHYSICIAN'S NAME (Type) - BURIAL, CREMATION,	W.F.W	ZC. NAME OF CEMETER	Y OR CREMATORY		22d_LOCATION (C	City, town, or	County	(Stole)
F	REMOVAL Topecify)	9/6/1959	Oak Hil	1 Comete	ry	Loneco	ming,	MD.	· · · · · · · · · · · · · · · · · · ·
	FUNERAL DIRECTOR'S S GEORGE ETC		LONACONING,	MD.	DATE SEF	BY REGISTRAR		RAR'S SIGNATURE	

requires that the death certificate be executed within 24 hours offer and completely filled in by an papers. Pages 1 and 2 Beath may be retained the haspital or attending physicion.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physicion page 3 should be detached for use as the burial-transit permit. Then please remove conthe registrar prior to burial, cremation, or removal, and in any event within 72/hopes after

TO HOSPITAL OR VS A1S (4) 15M 9/5B



VS A1S (4) 1SM 9/■

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ding physician.	ate has been signed by the attending physician and campletely filled in by the Sheral director,	e burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should-be filled with	1
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		MARYLANI 19755	STATE DEPARTM			RE, 18	09729
		03133	CERTIFIC	ATE OF DEATI	H	Reg. Dist. N	
	PLACE OF DEATH o. COUNTY A LLEG	ANY	MARYLAND	2. USUAL RESIDENCE (WI O. STATE MARYLAN	h cc	institution: Residence bel	
ı	b. CITY OR TOWN (IF RURAL ond give near CUMBERLAN	outside corporate limits, write rest town)	c. LENGTH OF STAY IN 16	1	outside corporate limits,		
,	d. NAME OF HOSPITA	L (If not in hospital, give strei L HOSPITAL	et address)	d. STREET ADDRESS	TIONAL HIGH	WAY	on a FARM? YES NO
- 1	NAME OF DECEASED (Type or print)	First B.	HARR I SON	CARL	4. DATE OF DEATH		Poy Year 19 59
5. 5	MA LE		RRIED NEVER MARRIED M	B DATE OF BIRTH 11-22-1889	9. AGE (In lost bet		R IF JNDER 24 HI Hours Min
100	USUAL OCCUPATION during most of working RETIRE	g life, even if retired)	B. KIND OF BUSINESS OR INDU Railroad clerk	· ·	or foreign country) MARYLAND		FWHATCOUNTR
13.	FATHER'S NAME DANIEL	CARL		14. MOTHER'S MAIDEN I			
15. (Yes	s, no ar unknown) [If	IN U. S. ARMED FORCES? 1 yes, give war or dates of service) V W T		INFORMANT WARWIC	K & MEMORIA		
	PART I. DEATH	H [Enter only one couse per H WAS CAUSED BY MMEDIATE CAUSE (o)	(b), (b), and (1)]	1 haperle	coply 1	Faslet "	TERVAL BETWEEN
	Conditions, if ony gove rise to im couse (o), stoting th lying couse lost.	DUE TO /, which (b)					,
THICATION	20g ACCIDENT WAS	UNDERLYING (1 206. DI	CONTRIBUTING TO DEATH BU	oranel.	y DCXO	1021s	19. WAS AUTOPS PERFORMED? YES NO
MEDICAL CERTI	OR CONTRIBUTING E (IF EITHER, NOTIFY M 20c TIME OF INJURY Hour o.m.	Month, Doy, Year 20d Whi	E.	LACE OF INJURY (Home, for octory, street, office bldg., etc.		(County	r) (Sto
		t I attended the decer	used from	h accurred of 4:300	M, from the cous	es and an the dat	the decease the stated above DATE FIGN
	PHYSICIAN'S D		TOLSON		1		
	BURIAL, CREMATION REMOVAL (Specify) BURIAL	9/27/59	22c. NAME OF CEMETERY C	etery	22d. LOCATION (City,	nd Maryl	(Stote) and
23.	Funeral director's Ruth E. Si		ADDRESS erland Marvl	and DATE S	EP 2 9 59	REG STRAR'S SIGNAT	URE



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UJEU	U	QERTITION.	TIE OI DEATI		Reg. Dist.	No.
PLACE OF DEATH			2. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: Res dence l	before admission)
a. COUNTY		MARYLAND	o. STATE	p COI	UNTY	
b. CITY OR TOWN (If outside corporate	a lumita sueita	NOTH OF STAY IN 11	Maryl		Alleg	
RURAL and give nearest town)	s unius, write C. LEP	NGTH OF STAY IN 16	c. CITY OK TOWN (IF of	utside corporale limits, w	rile KUKAL ond give	nearest town;
Gumberland			Cumb	erland.		
d NAME OF HOSPITAL (If not in hospi			d. STREET ADDRESS			e, IS RESIDENCE ON A FARM?
OR INSTITUTION Sacred Hear	t Hospital	•	202 Colum	bia St. Cit	y .	YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	Norman	السطح المساح	Chirdon		September	7. 1959
SEX 16. COLOR OR R		NEVER MARRIED	B DATE OF BIRTH	9. AGE (In)		EAR IF UNDER 24 HRS
Male Whit		Lange I		lost births	doy) Months Da	ys Hours Min.
11020	MIDOMED []	DIVORCED [4/12,-1919		yrs.	
 USUAL OCCUPATION (Give kind of a dyring grast of working life, even if re 	vark dane	SIL BUSINESS OK INDO	STRY 11. BIRTHPLACE (State	or fareign country)	12. CITIZEN	N OF WHAT COUNTRY
Le borman -	Tuno	n (0,	n-		11.5	S.A.
FATHER'S NAME	7		14. MOTHER'S MAIDEN N	IAME		A-1 = A
Charles Chir	rdon			_		
				de Conrad		
WAS DECEASED EVER IN U. S. ARMED		L SECURITY NO.	NFORMANT		Address	
20 6			Wife	e Jane 20	O2 Columbi	ia St.
18. CAUSE OF DEATH Enter only o	on cours per line for /	of (b) and (c))			-	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED			*-		1	ONSET AND DEATH
IMMEDIATE CAU	SE (o) My	ocardial I	afaretion			1 hour
420.1 DL	JE TO					
Conditions, if ony, which)	as Co	moname Ant.	ery Disease			2-3 year
gove rise to immediate		A VEGET A PAR U	APA DEPosos			
couse (o), storing the under-	JE TO ,					
lying cause lost.	(c)					
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED?
						YES NO
20a. ACCIDENT WAS UNDERLYING [20b DESCRIBE F	OW INJURY OCCURRE	D. (Enter nature of injury in F	art Lot Part Lof item 1	8.)	
OR CONTRIBUTING CAUSE OF DE	ATHI -					
				I and the second		
20c. TIME OF INJURY Month, Day Haur o. m.	, Yeor 20d. INJURY	- 1	ACE OF INJURY (Home, form ctory, street, affice bldg., etc.		(Cou	inty) (State
p, m,		lot while				
21. I certify that I attended	the deceased fro	omJanua	ry , 19.58 , to Se	aptember 19	259, that 1 last	saw the decease
alive on Sept 7			accurred at 15P.			
-Seleat-1				ADDRESS (Street, city or		DATE SIGN
ACTUAL	1 0	1		, , ,		
SIGNATURE COLUMN	war for	due	M.D	Centre St	9.9	59
PHYSICIAN'S	William P.	Tames				
NAME (Type) Dr.	WITIISH F	Tambo		n]141		
G-BURIAL, CREMAT ON, 226. DATE TH	IEREOF 22-	NAME OF SEMETERY C	P CREMARARY /	22d LOCATION (City, h	own, or county)	(Stote)
LEMOVAL (Specify) 9/10	154	C Pareller C	of House		0	m(-)
During ///0/	-	1011 222	7	unties	Lond	1/0
FUNERAL DIRECTOR'S SIGNATURE	1	ADDRESS			REGISTRAR'S SIGN	
Laving / Ten	Low (11-11	DATE S	EP 1 1 '59	arthur &	Minus.
The state of the s		A CONTRACTOR OF THE PARTY OF TH	e all nule			

and campletely filled in by the Keral director, bon papers. Pages I and 2 should be filed with death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Whe hospital or attending physician.

R: After this certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please remave as TO FUNERAL DIR VS A1S (4) 1SM 9/SB

death.

the registrar prior to burial, cremation, or removal, and in any event within 72



183	PLACE OF DEATH					2. USUAL RESIDENCE	(Where decad	sed lived. If instit	Reg. Dist.	
\sim $ $	a. COUNTY ATJEG			MARYLAN	- 11	a. STATE WES	·	TNT Ab. COUNT		
	b. CITY OR TOWN	I (If outside corporate limits, west	e RURAL C	LENGTH OF STAY IN	1b	c. CITY OR TOWN		porole limits, write	RURAL and gi	ive nearest lawn)
1	CUMBERI			8 DAYS		PAV	J PAW		* ,	
	d. NAME OF HOS	PITAL OR INSTITUTION (d. STREET ADDRESS	2 4 4 7 7			ON A FARM?
	3. NAME OF	Fir		Middle		Last	4. DATE	Moni	th	Day Year
\	(Type or print)	Patricia			C.	lark	OF DEATH	Sept.	30	19 59
1/	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED] 8. D	ATE OF BIRTH	1	9. AGE (In years less birthday)	IFUNDER TY	
//	REMALE	WHITEE	WIDOWED [DIVORCED []		IARCH 21.]	1939	20 уп.	Months Do	ys Hours Min.
	log. USUAL OCCUPA	TION (Give kind of work rking life, even if retired)	done 10b. KINI	OF BUSINESS OR IND	USTRY	11. BIRTHPLACE [Sto	te ar foreign	country)	12. CITIZE	N OF WHAT COUNTR
		SAFERE				WEST V	ERGINIA			
	13. FATHER'S NAME	2333232			1.	4. MOTHER'S MAIDEN	NAME			
	HOMER 1	PARKER				MARY E	BOWERS			
	Towas DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 1 (If yes, give way or dailes of service)									
	tres, no, or unknown;	fit yet, give war or edies or	service)		PAT	TENTS CHAP	RT			
F	18. CAUSE OF D	EATH [Enter only one can	use per line for	(o), (b), and (c).]					I	INTERVAL BETWEEN ONSET AND DEATH
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (of	F	ulmonary E	nbo	lism, Mass	ive			10 Minutes
		DUE TO							i	
	Canditians, if									
	(o), stating the									
	couse last.) (c								
	CATIO	OTHER SIGNIFICANT CON	DITIONS CONT	REUTING TO DEATH BU	JT NO1	T RELATED TO THE TER	MINALDISEAS	SE CONDITION GI	VEN IN PART 1	PERFORMED? YESY NO
	20a. EXTERNAL C PRIMARY ar C CAUSE OF DEAT	CONTRIBUTING	06. DESCRIBE MO	OW INJURY OCCURRED	. (Ente	er nature of injury in P	art I ar Part II	of item 18.)		
	20c. TIME OF IN	m.	White	DRY OCCURRED 200.	PLACE factory,	OF INJURY (Home, fo , street, affice bldg., e	rm, 20f. (Cit	y or town)	(Caunty	y) (Slate)
	21 Leastifu	that I took charge	of the rem	ains described o	bove	, held on Autop	sy 😿, I	nspection 🔽	, Inquiry	X, and find the
	Zi. Ceriny	man i ioon enoige								
		ed from: Noturol			Suicio	de [], Homicis	de 🗍, υ	ndetermined	couse .	
					Suicio	de [], Homicio	de 🗍, ∪	ndetermined	couse .	DATE SIGNED

Remedict Skitarelic, M.D.

22c. NAME OF CEMETERY OR CREMATORY

EXPLUSIONS

NAME (Type)

23. FUNERAL DIRECTOR'S SIGNATURE

VS. A15ME(5) 5M 9/55

246. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER 2

DATE OCT 5 2

arthur & Kines

Inquiry X, and find that

(Stote)

FUNDER TYEAR IF UNDER 24 HRS.

Hours 12. CITIZEN OF WHAT COUNTRY?

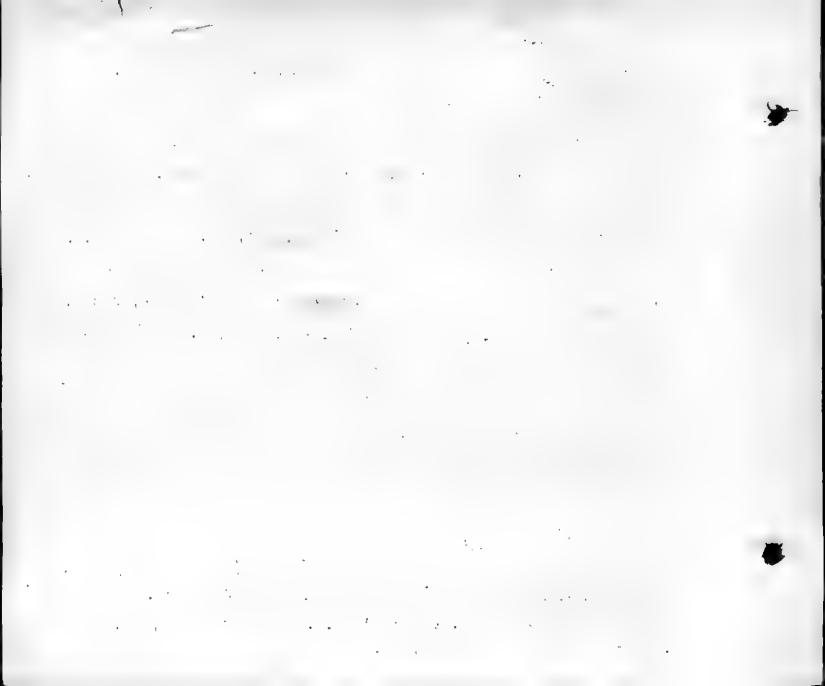


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

					Koa. e	DIDT: 110.				
PLACE OF DEATH O COUNTY		MARYLAND	2. USUAL RESIDENCE (W)	- h	COUNTY		mission)			
b. CITY OR TOWN (If outside corporo	te limits, write	c. LENGTH OF STAY IN 16	Maryla c city or town (H a			gany	lown)			
RURAL and give nearest town) Cumberland		11days	Chur	nberland						
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION	oital, give street o		d. STREET ADDRESS	1001 10011-			RESIDENCE N. A. FARM?			
	Heart H	osnit.al	1115 N Med	chanic St	reet	-	NO D			
. NAME OF	First	Middle	Last	4. DATE	Month	Doy	Year			
DECEASED (Type or print)	Theres	a Elizābe	th Cline	OF DEATH	Sept.	22	19 59			
6. COLOR OR	RACE 7. MARRI	IED NEVER MARRIED	8. DATE OF SIRTH	9. AGI	(in years IF UNDE	ER TYEAR IF UI	1 .			
Female White	WIDOWE	D DIVORCED	4/1/98		1 yrs	00)5 1100	013 /411/			
On USUAL OCCUPATION (Give kind of during most of working life, even if a	work done 10b. I	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12 CI	ITIZEN OF WHA	AT COUNTRY?			
Housewife Housewife	0	wn home	Cumberl	and, Md.		U.S.A				
3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME						
Lloyd Ryla				garet Broo	digan (De	ec)				
S. WAS DECEASED EVER IN U. S. ARMEI Yes, no, or unknown) (If yes, give war or de		SOCIAL SECURITY NO.	INFORMANT		Address					
(Yes, no, or unknown) No,		None M	rs. Kenneth	Imler A	Itoona,	Penna				
18. CAUSE OF DEATH [Enter only of		e for (o), (b), and (c).]		0 7	2 0		ND DEATH			
PART I. DEATH WAS CAUSED 84: IMMEDIATE CAUSE (0) Pulmonary atelections belateral 24 his										
DUE TO										
Conditions, if ony, which) (b) Myocavalal is hemin										
couse (a), stating the under-	gove rise to immediate couse (o), stating the under-									
lying cause lost. (c) Coronary cartlery insufficiency										
PART II OTHER SIGNIFICANT	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL BISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? OF AN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL BISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? OF AN OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL BISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? OF AN OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL BISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?									
(IF EITHER, NOTIFY MEDICAL EXAMI	NER)									
20c TIME OF INJURY Month, Doy Hour a.m.	While	Not while	LACE OF INJURY (Home, form actory, street, affice bldg., etc	n, 20f (City or tow	e)	(County)	(Slote)			
			7 , 1857 , to S	Lt 21	10.55 hat 1	look again the				
alive an Defet and 19 7 and that death accurred at DAM, from the causes and an the date stated abave. ADDRESS (Street, city or lown, state) DATE SIGNED										
SIGNATURE Thomas to Serie M.D. Hotel algunguen Cumberla										
Turner	LE F	Elected to a	M.D 12. V. D	100	ma	ylan	d			
PHYSICIAN'S PLANTS PARTY TO THE	Tomas	M. D.	ا_تىلىل	N-Machhain	5St	Se	pt 24,			
220 BURIAL, CREMATION, 226 DATE T	HEREOF	22c NAME OF CEMETERY			ity, town, or county	1) (Stole)			
Burya Pecify 9/25/	59	St. Patric			land, Me					
3. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			24b. REGISTRAR'S					
H. Wayne Georg	e cum	berland, Md		EP 2 8 '59	anthur	9 H				
-					2-7777798/	45-140-045-				



M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09759 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09733

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY	Allegany	•	MA	RYLAND	2. USUAL RES		Where decem land	ed lived. If im b. COU	NITY	lega	· ·	
	b. CITY OR TOWN (H	outside corporate limits, write	RURAL	c. LENGTH OF ST	AY IN 1b	c. CITY OR			porate limits, w				-
	Cumberl:	and.						land					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET						. IS RESIDENCE	
	119 So.	Allegany	St.	1		119	So.	Alle	gany S	t.,		YES NO	
	NAME OF DECEASED (Type or print)	CHAR		Middle LEO		COLL		4. DATE OF DEATH	-	onth pt.	Day 19,	Year 19 59	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARS	RIED [X] 0.	DATE OF BIRTH	1		9. AGE (In year	IF UND	ER TYEAR II	F UNDER 24 HRS.	-
	Male	White	WIDOWED			une 13	3, 19	904	1015'5'day)	Months	Days I	Hours Min.	
100	. USUAL OCCUPATIO	N (Give kind of work o	done 10b. K	IND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPL	ACE (Stote	or foreign c	country)	12. C		WHAT COUNTRY	?
r —	elf-emplo		er B	arberin	g	Ma	ssac	huset	ts		U.S.	A.	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN 1	NAME					
		Unknown					U	nknow	n				
	. WAS DECEASED EVE	R IN U. S. ARMED FOI	andes!	SOCIAL SECURITY N		FORMANT			Addr		Cumb	. Md.	
L	No,		06	0-10-49	OlMr.	James	s Al	fred	Aviret	t 1,1		ngton	<u>S</u> 1
		H [Enter anly one cau	se per line (for (a), (b) , and (c).							INTERVA	L BETWEEN AND DEATH	
		H WAS CAUSED BY: MMEDIATE CAUSE (o)	Co	ronary;	Occ1	usion						dden	
	420.1	DUE TO											
	Conditions, if an		Co	ronary s	cler	osis							
	gave rise to immedi (a), stating the u												
	couse last.	(c).											_
3	PART II. OTHI	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION	GIVEN IN PA		WAS AUTOPSY PERFORMED?	
SAT												S NO K	
CERTIFICATION	200. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCC	CURRED. (En	ler noture of in	jury in Por	t I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d, II	NJURY OCCURRED		E OF INJURY (1			or lown)	{C	county)	(Stale)	
ME	P. m.	19	at wo	rk 🔲 at work 📋	<u> </u>								-
	21. I certify the	at I taak charge	of the r	emains describ	ed abav	e, held an	Autaps	у 🔲 , П	nspectian [d, Inqu	iry 🗶 ,	and find tha	ıt
	death resulted	from: Natural	causes	Accident [_, Suic	ide 🔲 , H	lamicide	± 🔲, U	ndetermined	l cause [].		
) '	1 /	n-1-	,)							DATE SIGNED	
	SIGNATURE	essedic	SK	March	10	M.D.		KAMINER [DATE SIGNED	
	EXAMINER'S							AL EXAMINE					
_		enedict S			L.D.		MEDICAL	EXAMINER (- DVD	t. 20		59	_
720	BURIAL, CREMATION REMOVAL (Specify) BUT1aT	1 - 1 1	F	22c. NAME OF CEN			n su 1-		TION (City, tow			(State)	
22	FUNERAL DIRECTOR'S			Sunset	Memor	rial P	ark	D BY REGIST	berlan	GISTRAR'S S		na	_
[23.	H. Wayne		Cumb	erland.	Md.					anting a		4	
	-24 Hujne	ocorge	Ount	orrand.	IM CL .		DATE O	FI TO.		224 1 2			

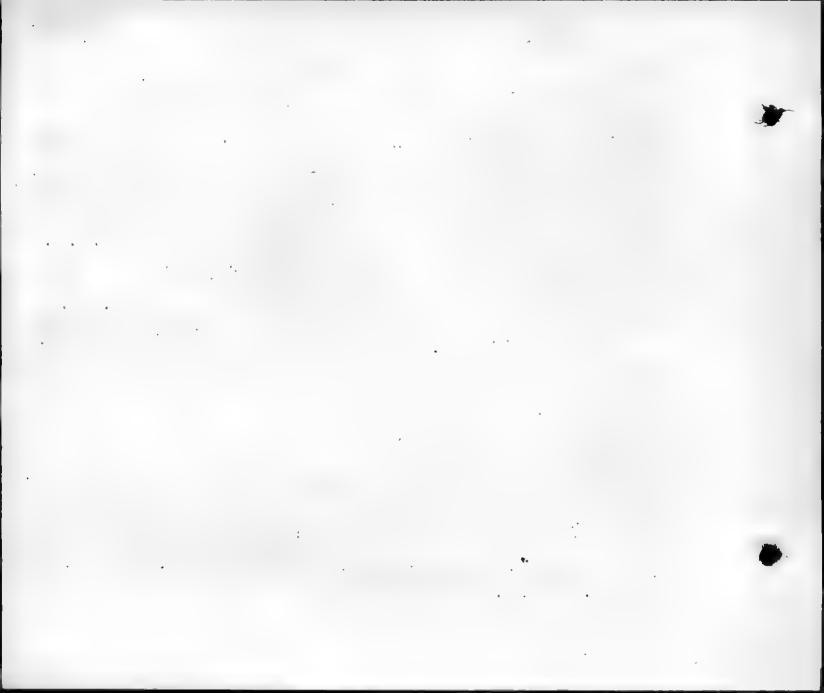
VS. A15ME(S) SM 9/55



09734

		03101	•	CERTIFI	CAI	E OF D	EAIF	1		Reg. Dis	t. No.	
1. [PLACE OF DEATH o. COUNTY ALLE(GANY		MARYLAI		o. STATE	RYLA		b. COUNTY	ALLE		idmission)
	RURAL and give ner CUMBERI	LAND		C. LENGTH OF STAY IN	1ь		OWN (IF O		ole limits, write R	URAL and g	ive negres	t town)
•	d. NAME OF HOSPITA OR INSTITUTION ME, MOR I A I	AL (If not in hospitol, g L HOSPITAL		MORTAL & ARWICK AVES.		d STREET AD		R AVE.				S RESIDENCE ON A FARM? ES NO N
ı	NAME OF DECEASED (Type or print)	FIE DXXXX		Middle MAE		DAVIS		4. DATE OF DEATH	SEPTEME		Day	Year 19 50
5. 5	FEMALE	6 COLOR OR RACE WHITE	7. MARE	HED NEVER MARRIED DIVORCED		APRIL	3 I	889	9. AGE (In years lost birthday) yrs			JNDER 24 HRS ours Min,
1)0	JSUAL OCCUPATION OF WORKING MOCERY STO		done 10b.	KIND OF BUSINESS OR I	NDUSTR		CE (Stole		untry)	12.CITIZ		HAT COUNTRY
13.	FATHER'S NAME JAMES 11	NSKEEP				14. MOTHER'S /		BETHR	TRAVIS			
		IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO.		MORIAL H	105P1	TAL	CUM	es IBERLA	ND, M	۳D.
		TH (Enter only one co 'H WAS CAUSED BY: IMMEDIATE CAUSE (o	(1)	ng for (0), (b), and (c),	, 7	Myer	-Cu	10	litio	2	INTERV	AL BETWEEN AND DEATH
	422,1 Conditions, if an			Crteria		the	R	MZ.	٥		,	
	gove rise to in couse (o), stating t lying couse lost.	mediate DUETO							-			
CERTIFICATION	PARTINOTH	er significant con	DITIONS	Methodis 10 death	LE BUT NO	OT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PART	F	WAS AUTOPSY PERFORMED? ES NO D
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a. m While at work at work at work 4 work 5 work 5 work 6 work 6 work 6 work 6 work 7 work 6 work 6 work 7											
	21. I certify that I attended the deceased from 7/1/19, to 9/1/27, 19, that I last saw the deceased alive on 7/1/27, 19, and that death accurred at 1:05PM, from the causes and on the date stated above											
	ACRUAL SIGNATURE ACRUAL SIGNA											
		OR. RICHARD	J.	WILLIAMS				7 .			/	July)
220	BURIAL, CREMATION	9-14-59		22c. NAME OF CEMETE Wesley Cl					ts, W.Va			(Stote)
	James F.		Li Cı	ADDRESS umberland,		T		BY REGISTI	RAR 24b. REGIS	STRAR'S SIG		

requires that the death certificate be executed within 24 hours after affending physician and campletely filled in by Then please remave carban papers. event within 72 haurs after death. the haspital or attending physician.
R. After this certificate has been signed by the etached for use as the burial-transit p=mit. The burial, cremation, ar remaval, and in any may be retained to FUNERAL DIRE page 3 shauld be the registrar priar to VS A1S (4) 1SM 9/SB



director,

camplet

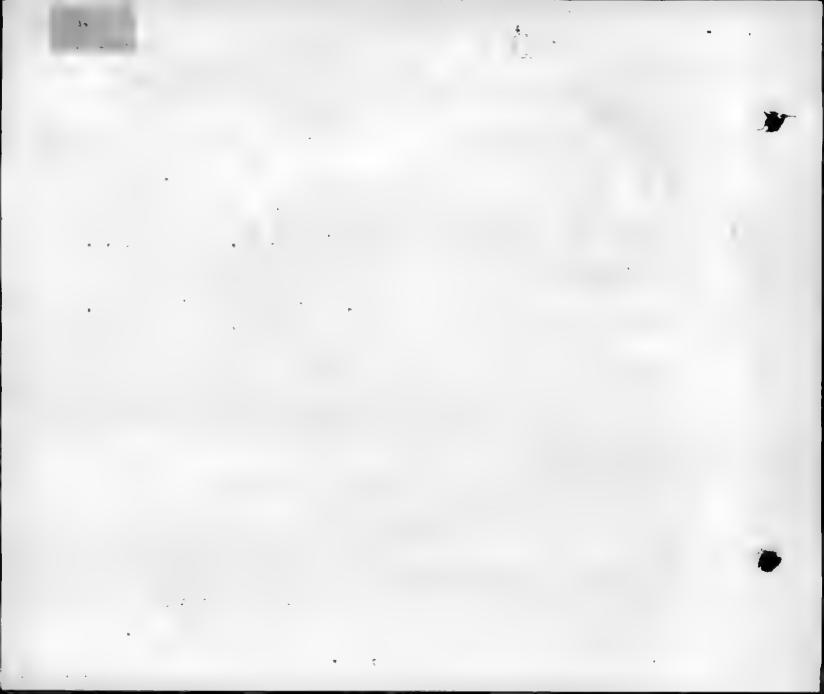
and

FUNERAL DIF

0

VS A15 (4)

1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09736

24b. REGISTRAR'S SIGNATURE

Cirilian S. Frank

240. REC'D BY REGISTRAR DATE SEP 2 2 159

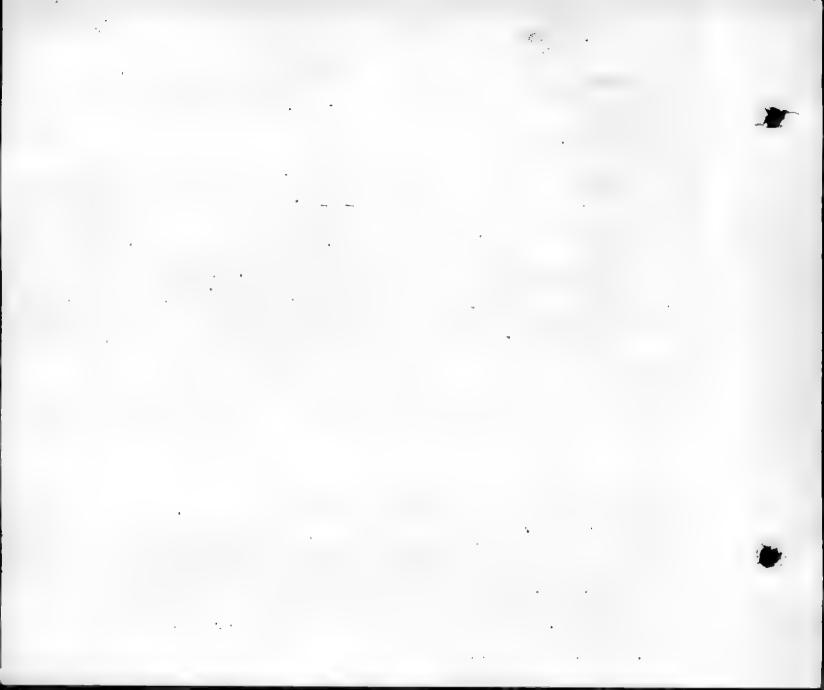
09763 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY b. COUNTY MARYLAND Maryland Allegany Allegany b. CITY OR TOWN Ilf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) RURAL and give nearest town Cresaptown Cumber land d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F Sacred Heart Hospital NAME OF 4. DATE Middle Month Day Yeor DECEASED 9 1559 DEATH (Type or print) Martha R Dawson 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 3 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months I Days Hours DIVORCED [9-11-1883 WIDOWED YES, Remale White 10a USJAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home Dawson Mary land II.S. A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Dawson. Theodore Taylor, Susan IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Mrs. Soromon Doss (Yes no, or unknown) Cresaptown, Maryland None no INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item \$8.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED Day, Year (County) (Stale) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram 5that I last saw the deceased and that death accurred at 4. 31 M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state ACTUAL SIGNATURE Greene Street. Cumberland, Md PHYSICIAN'S Dr. B. M. Schindler NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Sept. 20, 1959 Hillcrest Cemetery Cumberland, Maryland

ADDRESS

VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

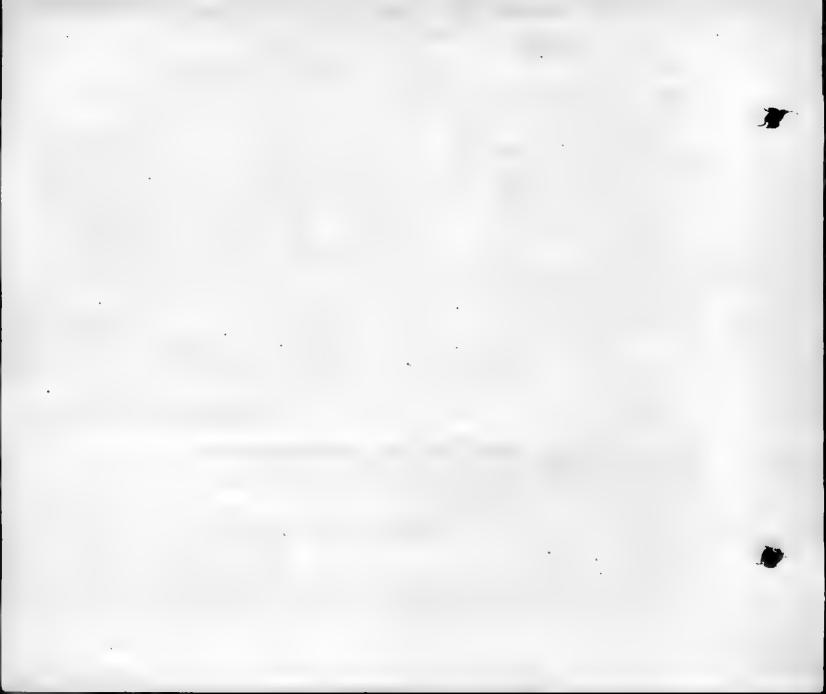


DATE SEP 2 1 '59

Orthur & Krous

James F. ocarpelli, Cumberland, Md.

VS A1S (4) 1SM 10/57



FOR STATE HEALTH DEPT.

necessary, please

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09738

		0.07.63	Reg. Dist. No.
		LACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If that tution Residence before admission)
	٥	COUNTY (Ellis any MARYLAND	· STATE Maryland b. COUNTY Okkeyaners
`.	Ь	CITY OR TOWN I Positive deported times to EURAL C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and 6 ve secure 19/4)
		umberland 69 Da.	Cumberland, mangland
	/ 8	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
		Memorial tests.	23 Laing live / YES NOS
	3. P	NAME OF Sirst Middle	Lost 4. DATE Month Day Year
		Type or print) Tresterick M.	Trest DEATH JEGS. 12 1939
	5. 5	Male State WIDOWED DIVORCED	ATE OF BIRTH SEEL 15, 1884 9 AGE (In your life UNDER 14 FAR IF UNDER 24 FIRS Months Days Hours Min.
	100	USUAL OCCUPATION Give kind of work done 30b. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
	15.	FATHER'S NAMES	14. MOTHER'S MANDEN NAME
		Frederick trost	Mary Dennawski
	15.1 (Yes,		450 Mahlin Bucy Vumb Mil
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	artery Alice of Barrer M.
		DUE TO /	1
	-	Conditions, if ony, which) (b) (b) (break)	fernan
	~	gove rise to immediate couse (a), stating the underlying DUE TO	
		couse lost. (c)	
	ATTON	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT N	Ture The Season Condition Given in Part 1101 19. Was autopsy Performed? Yes NO
	TIPIC	200. EXTERNAL CAUSE WAS 206 DESCRIPE HOW INJURY OCCURRED IE	nter pature of injury in Port I or Part II of Hem 10.
	CERTIF	PRIMARY DO CONTRIBUTINGS.	topicaled & pell down dair
	WEDICAL	In The latest the late	CE OF INJURY (Home, form, 20f. (My or own) (County) (State)
	MEC	House c.m. 7/5/59/19 While Not while tocks	Hand 23 feefur Cumberlandlellell
		21. I certify that I look charge of the remains described about	ve, held an Autopsy 🔀 Inspection 🔲, Inquiry 🔲, and in y
		opinion death relytted from; Natural causes X. Accident [, Suicide , Homicide , Undetermined manner
		ACTUAL WILLIAM	THE
		SIGNATURE / VIIII	M D CHIEF MEDICAL EXAMINER
•		EXAMINER'S	ASSISTANT MEDICAL EXAMINER COLORY
	720	HAME (Type) BURIAL, CREMATION, 226. DATE/THEREOF 22c. NAME OF CEMETERY OR	
		Queself 9/16/54 Duenno	nd Com. Cumberlal Md.
	23,	FUNERAL DIRECTOR'S SIGNATURE	La O 240. REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE CITCHAN & Trans

TO EIBUTY MIDICAL EIBMINER: This certifical inhalled be executed within 24 hours ofter death. If any delay is nec execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral did should be for fixed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DI (OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bott or its designated agent, prior to burial, cremotion, or removal, and in Amy Event within 72 hours after death. 4 should be for VS. ATSME BM 2,57



VS A15 (4) 15M 9/5B

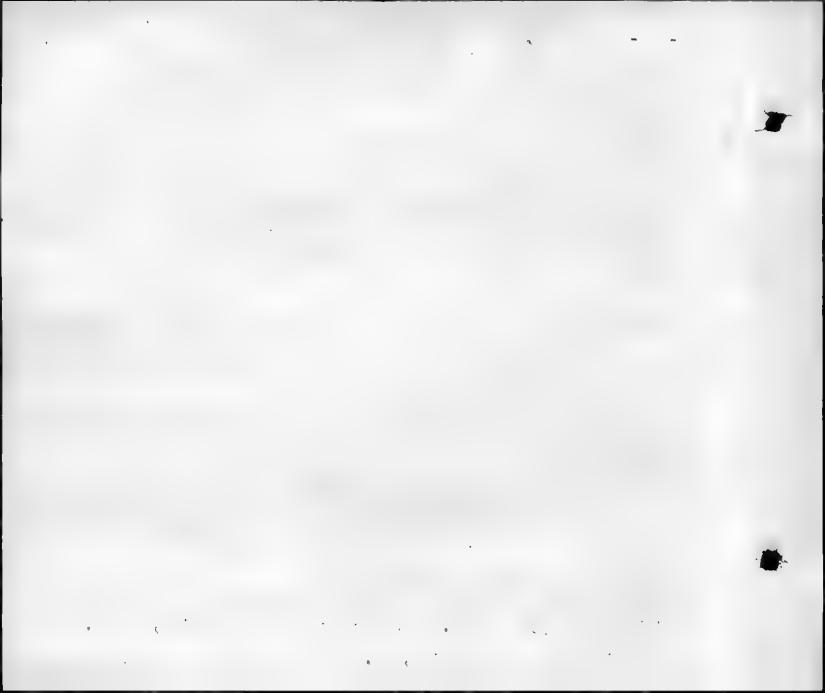
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09764

CERTIFICATE OF DEATH

						(eg. Dist. No.
1.	PLACE OF DEATH		IKKEYLANG	2. USUAL RESIDENCE (WE	nere deceased lived. If institutions b. COUNTY ALLEG	Residence before admission) ANY
	b. CITY OR TOWN (RURAL and give n	If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RUR	(AL and give nearest town)
	CUMBERLAND		7 HOURS	CUMBERLAND,	MARYLAND 6 1	
	MEMORE OF HOSPI	TAL (IF not in howARWIGKE IOSPITAL AVE		d STREET ADDRESS	R STREET	e is residence on a farm? yes \(\) no (7)
3.	NAME OF DECEASED (Type or print)	KE NNETH	Middle S.	FULLER	4. DATE Month OF SEPTEM	Day Year BER 10 1959
5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
	MALE	WHITE WIDOW	WED DIVORCED	JULY 1, 1906	53 yrs	Months Days Hours Min
Ν.	during mast at war	ON (Give kind of work dane 10) king life, even if retired)	. KIND OF BUSINESS OR INDU Textile . Yarr	ALMADEDIA	or fareign country) ND . MARYLAND	12. CITIZEN OF WHAT COUNTRY
- Non-	Retired N	Machinist	Teverre Tarr	14. MOTHER'S MAIDEN N		***************************************
1	HARRY, F	ULI FR			ETH KRAUSE	
15			6. SOCIAL SECURITY NO.	INFORMANT	Addres	5
	es, no, or unknown)	(If yes, give war or dates of service)	214-07-2965			
=	NO.	ATH [Enter only one cause per		MEMORIAL HOS	PITAL, CUMBERLA	ND, MARYLAND
		ATH WAS CAUSED BY:	ONGESTIV	IE HEART	FAILURE	ONSET AND DEATH
	LLIX	DUE TO	7 - 7		,	1,
П	Canditians, if a		ICRTIC 41	VSUFFICIE,	NCY	1541-5
	gave rise to i cause (a), stating lying cause last		D RHEUM	ATIC HEA	RT DISEASE	carence
N N	PART II OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NA. DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED?
CATION	U	FPER KE	ESP, INPEC	1. 040	RI HEHIPA	RES/ YES NO. 11
CERTIF	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 206 DE	SCRIBE HOW INHIRY OCCUPER	50. (5) to reduce of injury in	Part Let Part II of stom 18.1	
CAL	20c TIME OF INJUI	RY Manth, Day, Year 20d	INJURY OCCURRED 20- P	ACE OF INJURY (Home, tarn	, j 20t. (City or rown)	(County) (State
MEDICAL	Hour a m p. m.	19 Whi	e Nat while fo ark at work	ictory, street, affice bldg , etc		
П	21. I certify th	nat I attended the deced	ased from	19.4(2, ta_	> hT /U 195 7/1	at I last saw the deceased
	alive an	Sept 10, 19	, and that deatl	accurred at_5:00		an the date stated above
		VHI	,		ADDRESS (Street, city or town, ste	
	SIGNATURE	diverse	ulle	M.D. 59 G	MEENL S	7/1459
	PHYSICIAN'S NAME (Type)	SGWE	(SMAN	CUMBI	FRLAND, M	10
22	BURIAL, CREMATIC		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or	county) (State)
	REMOVAL (Specify)	9-13-59	Sunset Meme	orial Park	0 1 7 1	d.
23	FUNERAL DIRECTOR	'S SIGNATURE	umberland, d	24a REC'	D BY REGISTRAR 246. REGISTI	RAR'S SIGNATURE
-	treme 4		diaber rand, d	DATESE	2 1 7 '59 with	or St. Kroma



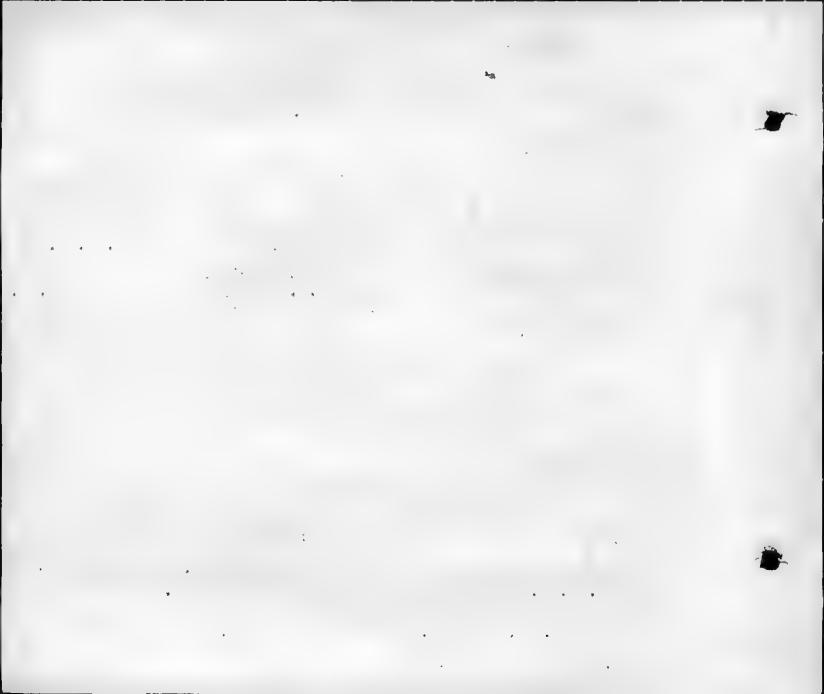
1)/	水	-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.
	133	١	09805 CERTIFICATE OF DEATH Reg. Dist. No.
eral director, be filed with	` _	1	1. PLACE OF DEATHILLIE gourg County a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
neral			b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) Late Late Late Late Late Late Late Late Late Late Late Late Late Late Late Late Late Late Late
by the	X		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION SIRET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DE
filled in b			3. NAME OF DECEASED (Type or print) W 1 W 6 + Middle Garling A. DATE OF DEATH SLAT, 20 1959
구 고 고			5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED HOW NOT BUT HOUSE 1 YEAR IF UNDER 24 HRS OST DIVORCED Min 9. AGE (In foors lift UNDER 1 YEAR IF UNDER 24 HRS) Months Days Haurs Min
and cample rbon papers.		1	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. U 1 + 6 L 7 1170 15. CITIZEN OF WHAT COUNTRY?
physician a	Ų	4	13. FATHER'S NAME CO 99+11+ 14 MOTHER'S MAIDEN NAME DURNT
ng phys remay 72 hou			15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (You no or unknown) [If you, give wor or date of service) 2/4-07-3244 Mrs-Wilmoth Sarlifs Janacone 16
attendi n pleas			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OF 6 6 6 7 4 0 (C 0 5 0 6 7)
by the			Godding of any which
equires n. signed il permi			gove rise to immediate cause (o), stoling the under lying cause lost
physicia as been al-trans		1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES IN DEL
ending ficate in the buri			20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
his certifuse as	•		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. P. m. 19 White Not white of wark 19 19 19 19 19 19 19 1
hospile After t After t ihed for			21. I certify that I attended the deceased from 'Mo Ma, 19 ta
6 6 6 6			ACTINE SIGNATURE PAGE AND AT ADDRESS (Street, city or town, stole) ACTINE SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNED
retained RAL DIR should be	. /		PHYSICIAN'S DEDING (CIL) LOUIC COLLEGE MAN
FUNE FUNE	,		220 BURIAL, CREMATION, 226 DATE THEREOF St. Marys Cemetery 22d. Location (City, town, or county) Pure 12d. Location (City, town, or county) Md. [Stote)
2 E Q C == VS A15 (4)			23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George Eichhorn Lonaconing, Md. 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE SEP 2 3 '59 Cultury & Hand
15M 10/57			DATE DEL 70 07 COMMIT 2. TOURING



DATE

Max John J. Hafer, Cumberland, Maryland

15M 10/57



o STATE

d. STREET ADDRESS

Maryland

Cumberland

MARYLAND

c LENGTH OF STAY IN 16

NO DESTRUCTION OF STREET

e. IS RESIDENCE

Rea. Dist. No.

Allegany

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

b. COUNTY

: = /	_	
3 5/	1	١
5-0/	34	
-0	13%	
= /		
18	-	
-0		
_		

PLACE OF DEATH

Allegant

Cumberland

RURAL and give nearest tawn)

b. CITY OR TOWN (If autside carporate limits, write

d. NAME OF HOSPITAL (if not in hospital, give street oddress)

ģ Filled physici D signed

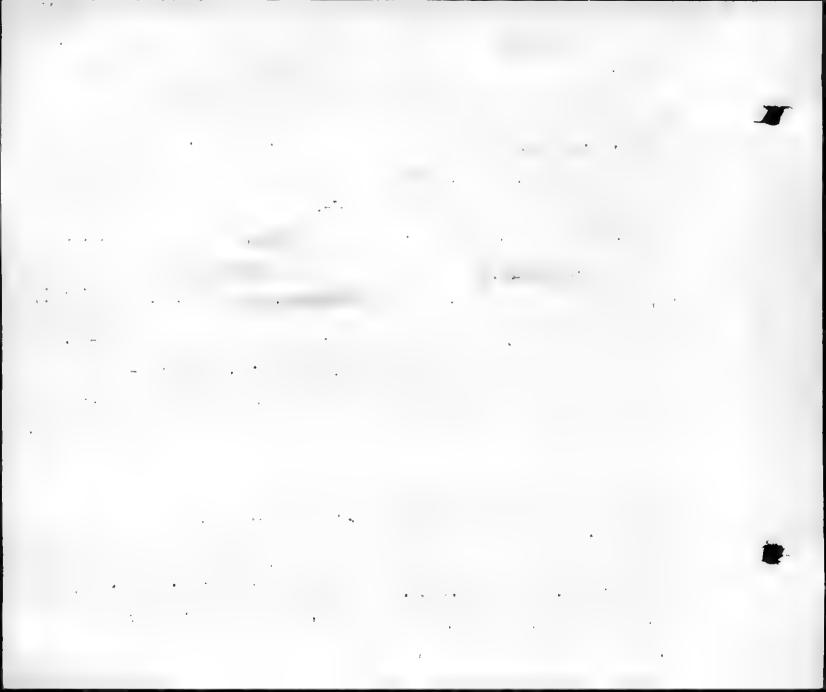
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ATTENDIN

VS A15 (4) 15M 9/58

has been nay be retained a FUNERAL DIRE shauld istrar pri O page 0

OR INSTITUTION ON A FARM? 243 N. Centre St. YES NO Sacred Heart Hospital NAME OF 4. DATE Middle Year DECEASED 1059 9 26 Gramlich (Type or print) DEATH Margaret 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months DIVORCED | 3-7-1860 WIDOWED 12 Female White 10a USUAL OCCLIPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWILE Cumberland, Maryland U.S.A. Own home 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Mary Gesner Richard Bender 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Cumb. No. Miss Marie E. Glick 243 N. Centre St. None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure 2-3 hours DUE TO (b) Cerebral Vascular Accident, right cerebral hemi-Conditions, if ony, which 3 days gave rise to immediate sphere DUE TO cause (a), stating the underlying cause last. Generalized and Cerebral Arteriosclerosis CATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 165 19. WAS AUTOPSY PERFORMED? YES NO X 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while at work or wark 21. I certify that I attended the deceased from February 19589, ta Sept. 26th., 1959 that I last saw the deceased and that death accurred at 12:115pm, from the causes and an the date stated above. alive an Sept. 26th. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. Algonquin Hotel. Cumberland, Maryland. PHYSICIAN'S NAME (Type) Wyand F. Doerner, Jr., M.D. 22a. BURIAL CREMATION. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul's Cumberland, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE TO 2 9 H. Wayne George Cumberland, Maryland



ADDRESS

Cumberland, Md.

Allegany

. IS RES DENCE ON A FARM

YES NO TA

Hours

INTERVAL BETWEEN ONSET AND DEATH

Sudden

PERFORMED? NO K

(State)

ond in my

9/26/59

DATE SIGNED

USA

(County)

24b. REGISTRAR'S SIGNATURE

Critica & Kraus

24e. REC'D BY REGISTRAR

DATE SEP 2 8 '59

0 VS. A 15A4E

23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kight





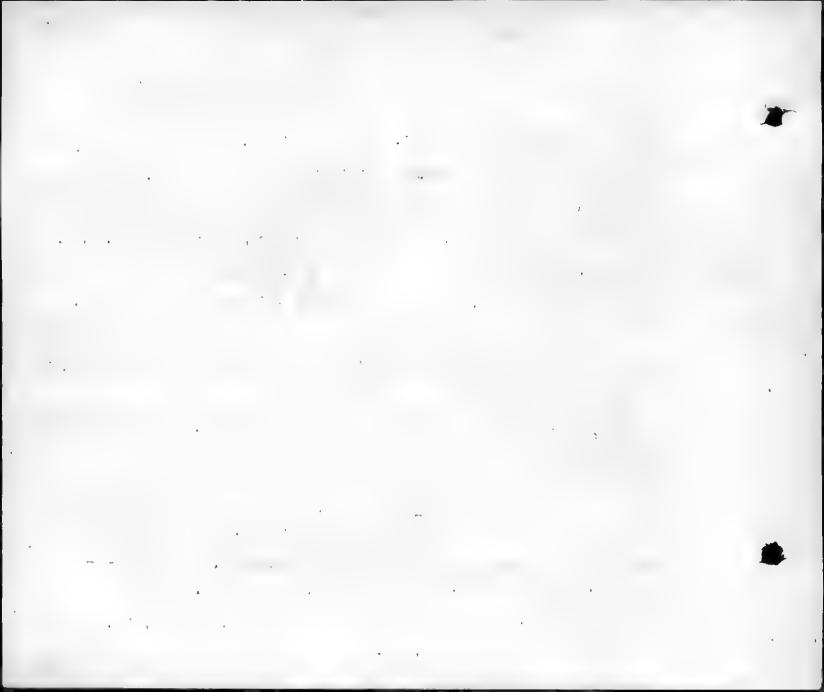
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09768 CERTIFICATE OF DEATH

03745

Reg. Dist. No

_											
1	PLACE OF DEATH o. COUNTY ALLEG	ANY		~ MARYLAN	Ю	2. USUAL RESIDENCE (WHO STATE WEST VIE		b. COUNTY			odmission)
	b. CITY OR TOWN (If outside corporate limited	ls, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If o			RJRAL and gi	ve negre	st town)
	COMBERL	AND		7 DAYS		RIDGELEY	Y	07	: X :	- 3	
Г	d. NAME OF HOSPI	TAL (If not in hospital, of AL HOSPITAL	ina zir dějí	MORIAL &		d. STREET ADDRESS					IS RESIDENCE
L	MEMOR I	AL HOSPITAL	. W/	RWICK AVES.		172 MAIN	ST.				YES NO
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mor	nth	Day	Year
	(Type or print)	EMMA	E	llizabeth		HARRISON	DEATH	SEP	T. 7,		19 59
S.	SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED] [. DATE OF BIRTH		9 AGE (In years lost birthdoy)		$\overline{}$	UNDER 24 HRS
	FEMALE	WHITE	WIDOWI	DIVORCED]	JUNE 29 , 1	886	73 yrs.	Months [Days 1	Hours Min.
10	USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	IDU\$	TRY 11, BIRTHPLACE (Stole	or foreign (country)	12 CITIZ	EN OF W	HAT COUNTRY
	Housewif)wn home		MARYLA	AND,	Cumberla	and U	. S.	Α.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
	EDENH	ART, CHARLE	S			NICKEL,	, ANN	4			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	IN	FORMANT		Add			
	No.	ist yes, give wor or didles or s	mr v(C@)	None		MEMORIAL HO	DSPITA	AL CUMB	ERLAND	, MD	
	18. CAUSE OF DE	ATH Enter only one co	use per li	ne for (o), (b), and (c).]						INTERV	AL BETWEEN
	PART I DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, (Ca of stoma	ich	1				Jet Spart	
	151X	DUE TO									
ı	Canditions, if a	ony, which) (b	Per	rnicious an	lei	nia				8 years	
	gove rise to i	mmediate Dur To	,								
	lying couse lost.		1								
Z	PART II. OT			ONTRIBUTING TO DEATH	BUT I	NOT RELATED TO THE TERMI	NAL D SEAS	SE CONDITION GI	VEN IN PART	1(0) 19.	WAS AUTOPSY
CATION	Te	erminal co	erebi	ral thrombo)Si	Ls	1	week		Y	PERFORMED?
CERTIFIC	200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	TRIBE HOW INJURY OCCU	RRED	. (Enter noture of injury in f	Port I or Po	rt II of item 18)	-		
		RY Month, Day, Ye	or 20d, II	NJURY OCCURRED 20a.	PLA	CE OF INJURY (Home, form	, 20f (Cit	y or town)	{Ce	ounty)	(Stote
MEDICAL	Hour o.m.	19	While	Not while	foci	ory, street, office bldg, etc.					
>				ed fram 7 - 8	_	19 54 ta 9	- 7	5	9		4 4
	I '0	nat I attended the						/			the decease
L	alive an9_	/	, 19;	23, and that dec	ath	accurred at 10:10		the causes are street, city or town.		date s	tated above DATE SIGNE
L	ACTUAL 6	Pela L. K	8	3				•	, store)	0	50:
	SIGNATUREX	seeks w. V	- Color		A	LD. 62 Gree	ne o	U.	<i>Z</i>	-7-	27
	PHYSICIAN'S NAME (Type)	DR. RALPH E	BALLII	N MD.	-	Cumberl	and,	Md.			
22	BURIAL, CREMATIC	N, 22b. DATE THEREC		22c. NAME OF CEMETER				TION (City, town,			(State)
L	Bur 1at ISpecify	9/10/59	*	Hillcrest		Burial Park	Cu	mberlan	d, Md	*	
23.	FUNERAL DIRECTOR	's SIGNATURE E George	Cumi	berland, Mo	1.		D BY REGIS		ISTRAR'S SIGI		
	m. nujn	Jeorge	O WALL	octional me		DATE	1 4 15	9 Carl	thur S. H	rough	



FOR STATE HEALTH DEPT.

TO MERMITY MEMICAL EMAMINER: This certificate should be emcated within 20 Mours after Meath. If any delay is necessary, please execute the certificate, writing the ward "pending" in pending the Medical Examiner's Office along with form PM3. Page 5 may be retained if the form these.

4 should be formed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if the four files.

TO FUNERAL DIM OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bock 3 of Health, or its designated agent, priar to burial, cremation, or removal, and in gry event within 72 hours after death.

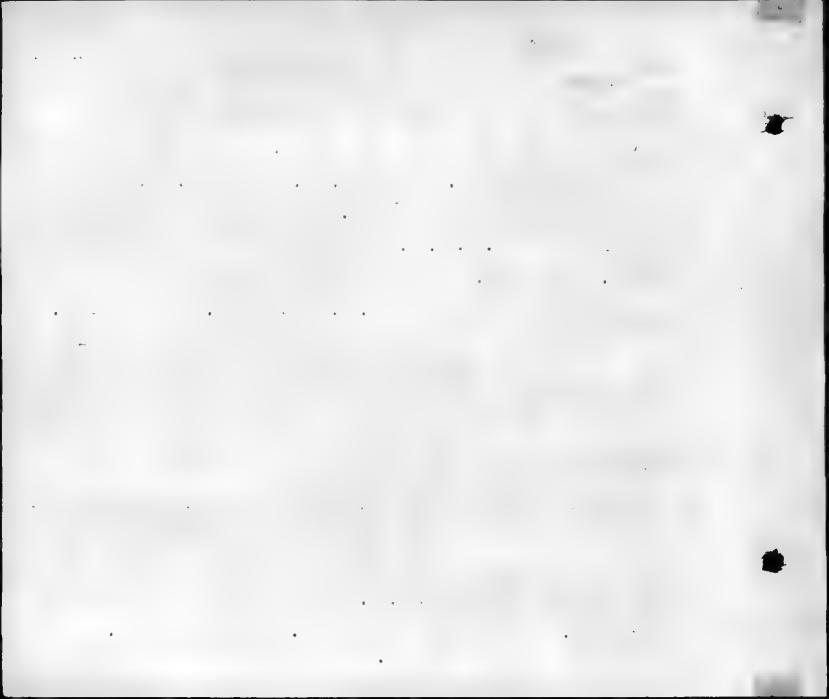
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

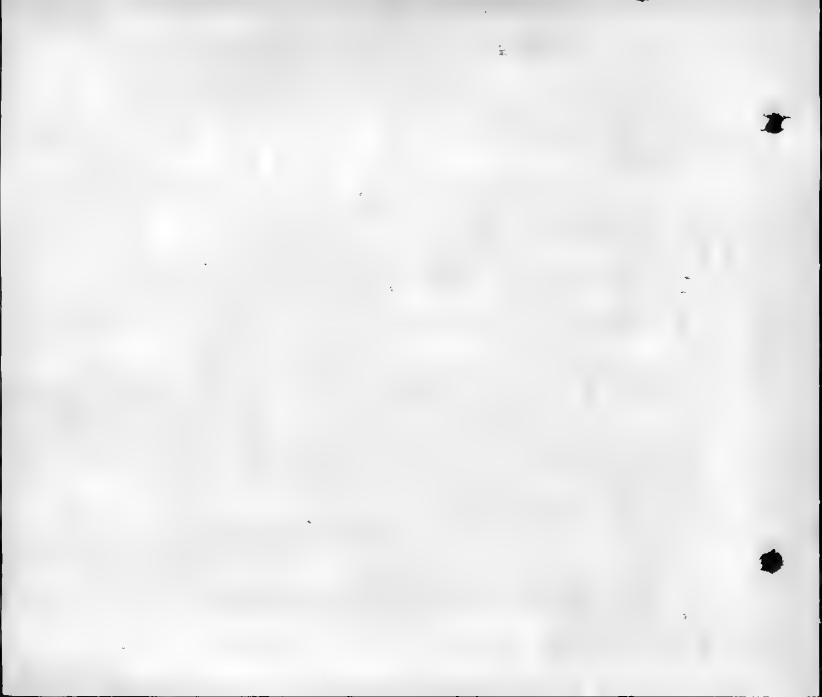
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Reg, Dist. No.

NAME OF PROPERTY		D. SIESTA L. DECUDENCE DATE	1	and had been administed to
I. PLACE OF DEATH B. COUNTY A 3 3 G G G G G G G G G G G G G G G G G		2. USUAL RESIDENCE (Where deceased to STATE Manager and	b. COUNTY Alle	,
Allegany	MARYLAND	Mai y Laita		
b. CITY OR TOWN (If outside corporate timits, will e #U.PAL and give nearest fown)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corpo		give nearest lown)
Cumberland	Life	Cumberlane	<u>d</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d STREET ADDRESS		ON A FARM?
Sacred Heart Hospita			co Farms	YES NO X
3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month	Doy Year
(Type or print) ERNEST			Sept. 29,	19 59
5. SEX 6 COLOR OR RACE 7 MARRIES	NEVER MARRIED 8.	DATE OF BIRTH	Test boots dead	YEAR IF UNDER 24 HRS
Male White WIDOWED		ov. 7, 1922	36 yr	oys riburi min.
10a. USUAL OCCUPATION (Give kind of work done 10b Kl during most of working life, even if retired)	NO OF BUSINESS OR INDUST	11 SIRTHPLACE (State or foreign cou	intry) 12 CITIZ	EN OF WHAT COUNTRY?
	M. R. R.	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Ernest E. Hartman, Sr	•	Bertha Beerm	an	
15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		FORMANT	Address	All as a married of
Yes WW 2	7 18 4865 E	. E. Hartman, S:	r. Cumberla	nd. Md.
18. CAUSE OF DEATH [Enter only one cause per line for		D. Tronz officers		INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:				10-15 Min
	C rushed Che s	st, Ruptured Li	ver	TO-T) WITH
000.10	Anada a wala di Tana	land don't		
gave rise to immediate cause	Automobile /	recraeur		
(s), stating the underlying DUE TO				
couse fost. (c)				
PART II, OTHER SIGNIFICANT CONDITIONS COI	NIRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE (CONDITION G VEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
5				YES NO
☐ FR MARTY OF CONTRIBUTING ☐		nier noture of injury in Part I or Fart II of	Hem 10.)	
7,00	omobile Acc:			
3 20c. TIME OF INJURY Month, Doy, Year 20d. IN	SURY OCCURRED 20e, PLAC	E OF INJURY (Home, form, 20f, (City orry, street, office bldg, etc.)	r fawn) (Coun	ity) (Store)
4:10 Sept. 29 19 59 While	THE WHITE GRADE OF A	t. #220 On	Rt.22, Bed	ford, Pa.
21. I certify that I taok charge of the re	emains described abo		pection Tr. Inquiry	
opin on death resulted from: Natural co			Undetermined m	-82
		ζ.		
ACTUAL S + X6:	tarilia	CHIEF MEDICAL EXAMINER		DATE SIGNED
SIGNATURE SUMMEDICAL STRU	CALLES	_M.D ASSISTANT MEDICAL EXAMINER		
EXAMINER'S Benedict Skit	arelic. M. I			9/30/1959
	27c NAME OF CEMETERY OR		ON (City, town, or county)	(Stote)
Burial Oct. 2, 1959	Davis Memor		berland, Md	, ,
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRA		
Byron Kight Cumb	erland, Md.	001 -		
		DATE OCT 2'5	9 Called &	Figure -



1	とノ		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			CERTIFICATE OF DEATH 19747 Reg. Dist. No.
Poge director	VES	1.	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE MARYLAND
death: uneral d Id be fil			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CUY OR TOWN (If outside corporate limits, write RURAL and Give nearest town)
s offer	₩.		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR JUSTIFUTION ACEL OF A FARM? YES NO DO NO DO OR NAME OF HOSPITAL (If not in hospital, give street oddress) OR JUSTIFUTION NO DO OR JUST
24 hour led in t		3	NAME OF DECEASED A Single II State OF Mgfith Day Year
within etely fill . Page:		5.	SEX 6. COLOR OR, RACY 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In yours IFUNDER 1 YEAR IF UNDER 24 HRS.
comple comple papers		10.	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
e be ex ian and carbon offer de		13.	FATHER'S NAME IS A STATE THE TAX MAJOEN NAME PO
physical emove hours		15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 11 yes, gives war or dates of cervice)
oth ce ding ose r		-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
that the death by the attendir t. Then please			PART I DEATH WAS CAUSED BY: MANUAL PROPERTY DEATH CONSET AND DEATH
ires the			Conditions, if ony, which gove rise to immediate couse (a), stating the under-
n sign			lying couse losl. (c)
he law physici nos bee rial-trar	3	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 14
IAN: Tending Ficate I The burner		CERTIFICATI	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC ol or oth his certi use os emotion		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o, m. p. m. 19 20d. INJURY OCCUPRED While Not while of work of twork of two twork of two twork of two twork of two
ADING hospite After the for for an ariol, cr			21. I certify that I objected the deceased from 19.50, to 4-24, 19.57, that I last saw the deceased alive on 19.59, and that death accurred at 6:00/AM, from the causes and on the date stated above.
ATTER			ACTUAL SIGNATURE ALLE J. Solver on M.D. 16 greece St. Consider My 925-5
retained PAL Di should			PHYSICIAN'S JAMES IJJOHUSOUJY 16 GVERNEST PUR ST PUR DET DULL
HOSP Gy be FUNEI		220	Burial Cremation 22b. Date Thereof 22c. NAME OF CEMETERY OR CREMATORY (2nd LOCATION (City town, or county) (Stote)
VS A15 (4)	S	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE SEP 2 9 '59 DATE SEP 2 9 '59 ADDRESS DATE SEP 2 9 '59
		-	



06

Page 4

TO EOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained. The haspital ar attending physician.

TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be retached far use as the burial-transit permit. Then please remove a abon papers. Pages 1 and 2 shat the registrar prior to burial, cremation, ar remayal, and in any event within 72 have after death.

VS A1\$ (4) 15M 9/58

the haspital ar attending physician.

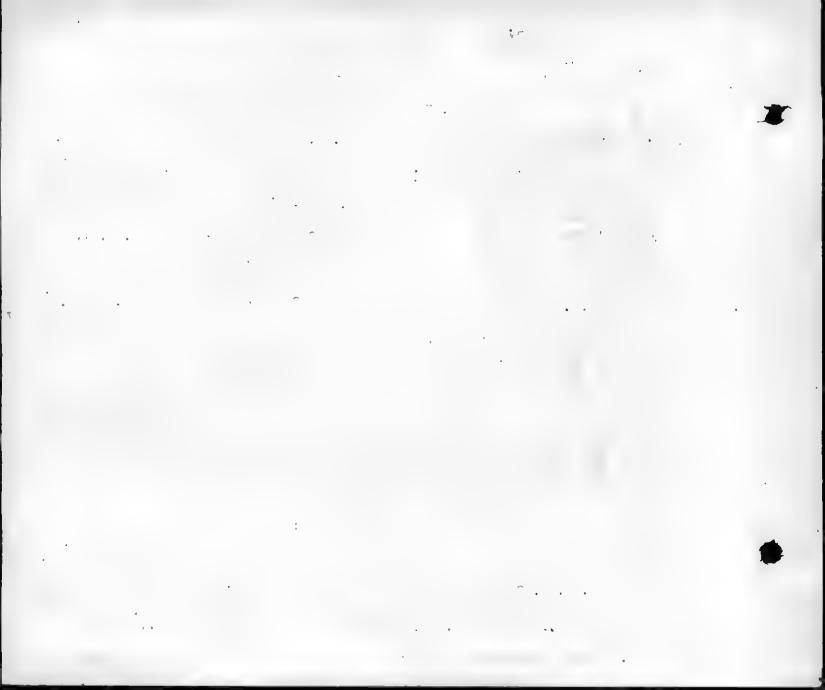
R: After this certificate has been signed by the attending physician efacthed far use as the burial-transit permit. Then please remove are burial, cremation, ar remaval, and in any event within 72 have at

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09771

CERTIFICATE OF DEATH

09748 Reg Diet No

		- 4							KOY. DI	21, 140.		
PLACE OF DEATH D. COUNTY ALLEGANY			MARYLA		USUAL RESIDENG O. STATE MARYLAND		re deceased	 b. COUNTY 			adm+ss+c	on)
b CITY OR TOWN RURAL and give	(If outside corporate limit nearest town)	s, write	c LENGTH OF STAY IN	116	c. CITY OR TOW		tside corpore	ole limits, write f	RURAL ond	give neare	st town)	
CUMBERLA	ND ITAL (If not in hospital, g	ove alread a	4 DAYS	X	CUMBERL d STREET ADDR	_ , ,				1-	is resit	DENICE
OR INSTITUTION		Te alleel (oures)		RT.#2,	Wi	lliama	s Road			ON A I	FARM?
3 NAME OF DECEASED (Type or print)	HERBE		Middle B.		HIGSON		4. DATE OF DEATH	SEPTE		Day 7		°°° 59
S. SEX MALE	6. COLOR OR RACE	7. MARRI WIDOWE	IED NEVER MARRIED DIVORCED	-	ATE OF BIRTH	, 191		P. AGE (In years lost birthdoy) 17 yrs.	Months	Days I	Hours	Min
during most of wo	ION (Give kind of work of trking life, even if retired) R S FARM		kind of Business or eneral Far		11. BIRTHPLACE			Keyser		S. A		DUNTRY?
13. FATHER'S NAME HARRY	HIGSON			1	MAUDE							
15. WAS DECEASED EV	ER IN U. 5 ARMED FOR (If yes, give wor or dotes of se	rvicel	SOCIAL SECURITY NO .7-10-1277		RIAL HOS	SPITA	L- VA	RWICK &	MEMOF	RIAL	AVES	· ·
PART I, DE 593 X Conditions, if gove rise to couse (o), stoling lying couse lost	immediate DUE TO	U	rema rephr	co Ls	or plane	-f	al	····		ONSET	VAL BET	DEATH
PART II O' VOICE CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON	NI ONS C	ONTO BUTTING TO DEAT	HUINO	RELATED TO THE	ETERMIN	AL DISEASE	CONDITION GI	VEN IN PAR		PERFOR	NO S
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED (E	nter nature of inj	ury in Po	rt I or Port !	II of ilem 18.)				
Y 20c TIME OF INJU	10	While of work	Not while		OF INJURY (Hom, street, office bld		20f. (Cily o	or lown)	(1	County)		(Stote)
alive on	hot I oftended the	deceose ., 19 <i>3</i>	ed from 1/1	eath oc	_, 19.27 ₄₁ ; curred at 43	10		he causes areet, city or town.	nd on the		toted	
PHYSICIAN'S NAME (Type)	DR. G. M.	SIMON	IS			مردر	1/1~	yw.	M	<u> </u>		
REMOVAL (Specif	ON, 22b. DATE THEREO		22c NAME OF CEMETE			2		ON (City, lown,			(Stote))
Burial 23 FUNERAL DIRECTO	Sept.10	1959	9 Mt. Herma ADDRESS	in Ve		a. REC'D	Alle BY REGISTR	AR 24b. REG	STRAR'S SE		ind	
	Hafer, Cum	berla	and, Marvla	and			P 1 1 '59		Vilua 2			
									- 44	. A PALL PUR		

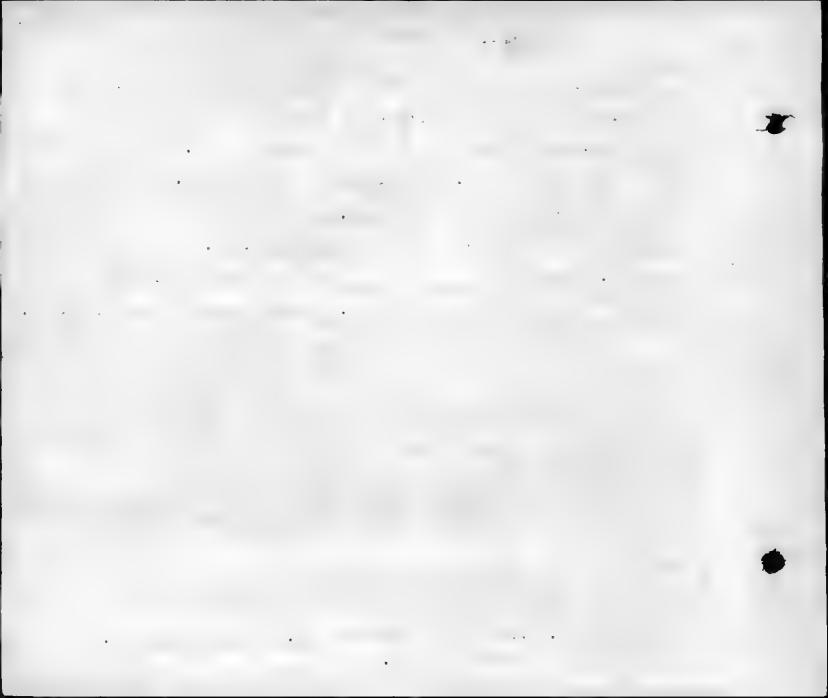


TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral disclor. Page 4 shauld be for ideal to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for fur files. To FUNERAL DAMINOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any every. Thin, 72 hours after death. W

execute the certify 4 should be for TO FUNERAL DA VS. AISME SM 2.57

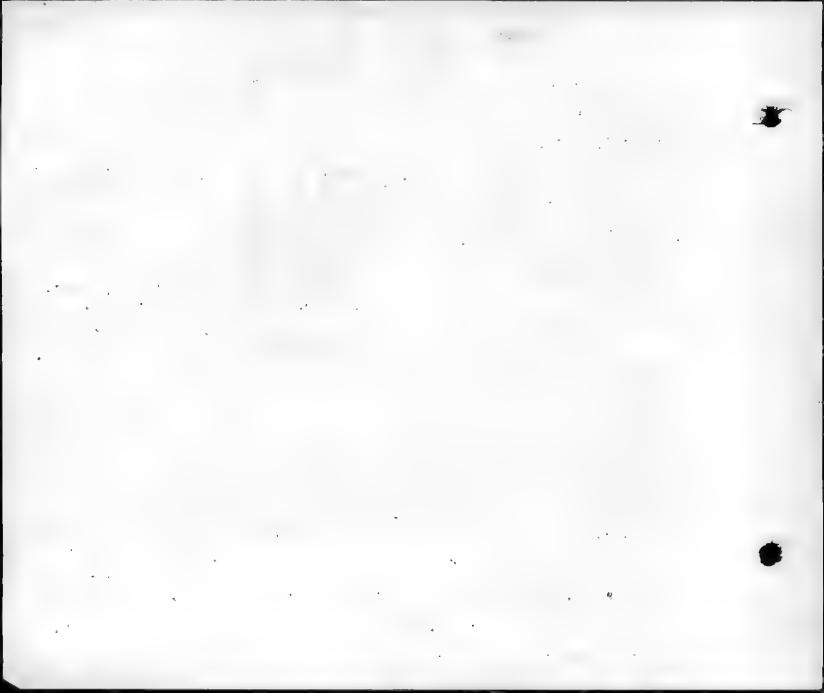
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			2				Reg. Dist. No.	
		LACE OF DEATH			2 USUAL RESIDENCE (W	/here deceased lived If instituti	on, Residence before ode	nission)
	°	Allegany		MARYLAND	. STATE Marvl	and b. COUNTY	Allegany	
	Ь	CITY OR TOWN (If outside corporate fimili, write !	PUPAL C LENGTH	OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write R		own) —
		Cumberland	50	vears	Cumber	land		
	d	NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give stre		d. STREET ADDRESS			
			pital	The second was are	512 Ridge	wood Ave.		
	2	MCEASED	_	M ddle	£ost	4 DATE Month	Doy	Yeor
		ATMOTH	D.					19 59
	5. 5		100		DATE OF BIRTH	for book as a		and the party
		110000			ug.14,1897	62 yrs		
	10o. d	USUAL OCCUPATION [Give kind of work do uring most of working life, even if retired)			TY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT	COUNTRY?
1			Railro	ad	Elkins,	W. Va.	LUSA	_
)	L							
						rginia Wentl	ing	
	(Yo1,	no, of unknown) (If yes, give wer as dates of se	JES? 16. SOCIAL SECU			Address		
		No	705 05	80891 M	rs. Juanit	a McKenzie, C	umberland	, Md.
			per-lige for (o), (b), or	rd (c).]	71.	/		
		IMMEDIATE CAUSE (0)	Caro	nal	cy Hhr	ernethe	7 300	munte
		# # DUE TO	0		10.7	p- 10 -	_	
		Conditions, if ony, which (b)	Caro	may	by wil	cryden	CH	_
	1	(o), stating the underlying DUE TO	(?, f.		1.0	/ 1	~	-
	_	, telm	asil	ren	- cer	had a		
	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMI	nal disease condition give	PERF	ORMED?
	띭	20o. EXTERNAL CAUSE WAS 20b	DESCRIBE HOW INJUR	Y OCCURRED. (E)	Her noture of injury in Fort	or Part II of item 18.)	166	NO NO
		CAUSE OF DEATH.						
	WEDICAL	20c TIME OF INJURY Month, Day, Year		i i i	E OF INJURY (Home, form	20f. (City or town)	(County)	(Stote)
	WEC	100000 4/17/54		DI III	y, steel, once bog, see,	Cumh	ally	Mid
		21. I certify that I took charge	of the remains de	escribed obov	re, held on Autopsy	/ , Inspection X.	Inquiry X, or	nd in my
		opinion death resulted from: N	atural causes	Accident [], Suicide [], F	fomicide 🔲. Undeter	mined monner	
		1 11/11	11	•				CLONICO .
	Н	SIGNATURE VILL	Uncen	- Car	M D CHIEF MEDICAL EX	AMINER [DAIL	SIGNED
		EXAMINER'S			ASSISTANT MEDICA	IL EXAMINER 🗌	91	17 KG
		NAME (Type)					4	147
	220.	BURIAL CREMATION, 276 DATE THEREOF	22c. NAME C	F CEMETERY OR	CREMATORY	22d LOCATION (City, lown, or	eounly) (Sto	ile)
		Burlar Sept.20,						w Middinbrands
	23			-	24a REC'D		RAR'S SIGNATURE	
		Cumberland Cumberland Cumberland A NAME OF MOSPITAL OB INSTITUTION If not in hospital, give street oddress) Memorial Hospital First D. Maddle First D. Modile First D. Modile First D. Modile DOATE OBATE OB						



age		recid	page 3 shauld be Setached far use as the burial-transit permit. Then please remane carbon papers Page 1 and 2 should be filled wi	/	
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E	ma	F	bac	The registrar priar ta burial, cremation, ar remaval, and in any event within 72 haurs ofter death	1
ĭ		۲		V	-
🐹 S TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page	A1	TO FUNERAL DIR R: After this certificate has been signed by the attending physician and campletely filled in by the peral direct	4) B		

ı		MAKIL	AIND :	SIAIE DEPART	WEINT OF HEAL	IIIBALI	IIMOKE, I	0	09750
		097	96	CERTIFIC	CATE OF DEAT	TH		Reg. Dist. N	
1	b. CITY OR TOWN (H	11egany	write	MARYLANE	Mary	and	b. COUNTY	Allega	any
-	RURAL and give ne Frosth d. NAME OF HOSPIT. OR INSTITUTION		e street ac	4 Months	Frost)	nırg	<u> </u>		e. IS RESIDENCE ON A FARM?
		s Hospita	1		66 W.	Colle	re Ave.		YES NO
L	NAME OF DECEASED (Type or print)	Mab		Middle L •	Hitchins	- 1	Mani September	er 19	th, 1959
	Female	White	VIDOWED		May 17th,	1879	9. AGE (In years last birthday) yrs.	Months Days	
	Will OCCUPATION during most of work Retired to 3. FATHER'S NAME	ing life, even if retired)	L .	IND OF BUSINESS OR INI LOOL Teachi	ng Mary 14. Mother's Maiden	land	ontry)		JSA
1:	S WAS DECEASED EVER	Hitchins R IN U S ARMED FORCE If yes, give wor or dates of serv		OCIAL SECURITY NO.	Sallie INFORMANT Irs. Rachel	Brown	64 W.Add		e Ave.,
	PART I. DEA' 450.0 Conditions, if or gove rise to ir couse (a), slating (lying cause last.	the <u>under-</u> DUE TO		artes	IN SC	Peras	· CONDITION CIV	0)	TERVAL BETWEEN NEET AND DEATH CONCLASS JEWAS AJTOPS
CEDTISACATIONS					RED (Enter nature of injury			CH THY AKT (Q)	PERFORMED? YES NO D
MEDICAL	5 20c. TIME OF INJURY Hour a.m. p. m.	f Manth, Day, Year 19	20d. INJ While at work	_ Not while _	PLACE OF INJURY (Hame, for factory, street, affice bldg.,	orm, 20f. (City	ar tawn)	(Caunt)	y) (State
	21. I certify the alive on ACTUAL SIGNATURE	at I attended the c	lecease , 19:5.	and the second	15 , 19.3 7, to th occurred of 19.33 M.D. 167	ADDRESS (St		d on the do	te stated above
7	PHYSICIAN'S NAME (Type)		ne	M- 1446 67 47			Md.		95 9
2	20 BUR AL, CREMATION REMOVAL (Specify) BULLIAL	9-22-59		F bg. Memor	or crematory		stburg	r county)	(5/ate) Md.
23	Joseph R		E-	ADDRESS		C'D BY REGISTI	RAR 24b. REGIS	TRAR'S SIGNAT	
L	a osebu r	. Durst,	FIC	stburg, Mo	DATES	FP 2 3 '59	C.V.	hun & that	u.A.



VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

		THE OF BEATH	Reg	. Dist. No.
PLACE OF DEATH		2 USUAL RESIDENCE (Where dec		sidence before admission)
Allegany	MARYLAND	Maryland	b. COUNTY A1	legany
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside of	corporate limits, write RURAL	and give nearest town)
Cumberland,		Cumberland.		
d NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
801 Mann's Terrace		801 Mann's	Terrace	YES NO X
NAME OF DECEASED (Type or print) ELLA	ISABELLE	HOLTZHOUR OF	ATH Sept.	10, 19 59
Female 6 COLOR OR RACE 7. MARR WIDOWE	**	B. DATE OF BIRTH NOV. 18, 1873	9. AGE (In years IF UN S. birthdoy) Man	tha Days Hours Min
00. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if relired) 10 US CW11C	KIND OF BUSINESS OR INDU	0	enna.	. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Clymer		Catherine	A. Holter	
I'vet no or colorsum . It's use one may be deter al control !		NFORMANT . Clifton J. G	oodrich 801	Cumberland Mann's Terr
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c)]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	uminal	Corkins Far	line	ONSET AND DEATH
4.43 X DUE TO //	-1.	/.	pc 16 a	n l
Conditions, if any, which	1 hours	on runos	cerotes Ikn	mon 5 you
gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO	en. arle	nosclorosis		3
PART 13. OTHER SIGNIFICANT CONDITIONS CO. PART 13. OTHER SIGNIFICANT CO. PART 13. OTHER SIGNIFICA	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. p m. 19 al wark	Not while for	ACE OF INJURY (Home, farm, 20f. ctary, street, affice bldg., etc.)	(City or tawn)	(County) (Slate)
21. I certify that I attended the decease	LC clus	e , 1955, 10 /0	Shot. 1059 14	t I last saw the decease
alive on 9 Sept. 195		accurred at 4 24 M,	from the sauce and a	in i last saw the decease
	O .	ADDRES	is (Street, city or town, state)	DATE SIGNE
SIGNATURE W- Refer V	in orma	M.D. 122 So. C	entre St.,	11 897
PHYSICIAN'S W. A. Vanormer	M.D.	Cumberlan	d, Md.	5
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		DCATION (City, town, or cou	nly) (State)
Bunyia (Pecity) 9/13/59	Hillcrest	Burial Park C	umberland,	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY RE	GISTRAR 246 REGISTRAR	S SIGNATURE
Charles L. George Cu	ımberland, M	Q. DATE CED 1 d	159 0-11-0	9 K.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT.

- 3

region. Page for files. necessarry, please DEPUTY MELICAL EXAMINER: This methifically should be executed within 21 haurs ofter death. If any delay is nec exercited the certificate, writing the word "pending" in pencil in flem, 18. Give Pages 1, 2, and 3 to the funeral dishould be formed to deat to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL D. OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bog ris designated agent, prior to busiol, cremotion, ar removal, and in any event_within 72 hours after death. execute the certification of the second of t

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VS.	A	15	ME	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 098 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

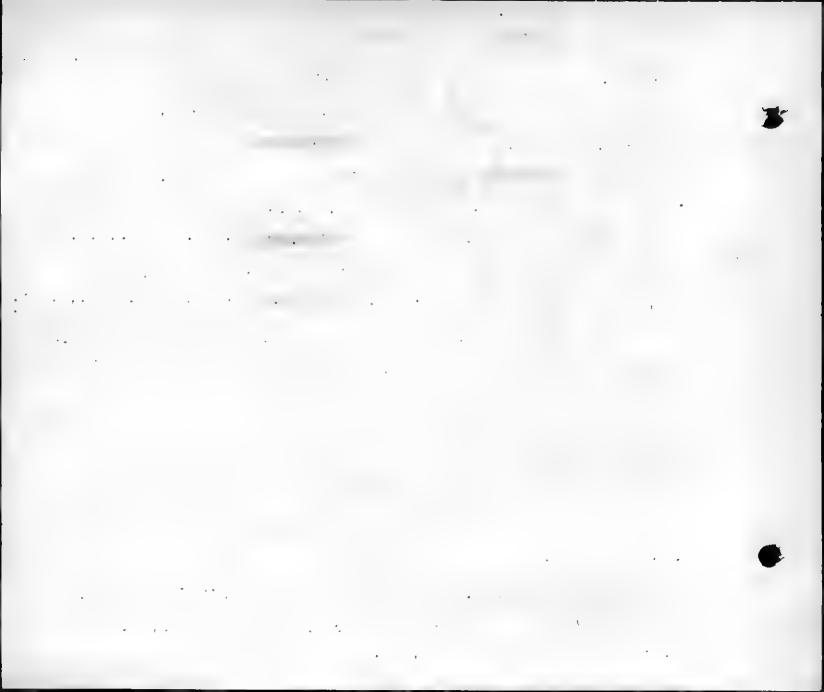
1. PLACE OF DEATH	Allegany		MARYLA	1 0	TATE		ed lived. If institut b. COUNTY		ce before od	(noission)
h. CITY OF TOWN	ATTC yany	.PAI C	LENGTH OF STAY IN			land	porote limits, write			towal
Rt. # 1	vn}						erland,	NOW Y	, 10 1100111	,,,,,
d. NAME OF HOSPI	TAL OR INSTITUTION (IF I	et in hospital	give street address)	1/4	STREET ADDRESS					RE'IDENLE
Valley	Road				Valley	Road				□ NO 💢
3. NAME OF DECEASED (Type or print)	EMMA		MARIA	I	MLER	4. DATE OF DEATH	Month Sept	.]	Day	Yeor 19 59
5. SEX	6 COLOR OR RACE 7	MARRIED [NEVER MARRIED	8. DATE C	OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	NDER 24 HRS
Female	1 2 2 3 4 4	VIDOWED 🔏			. 4, 18	363	95 yrs.	Months D	lays Hour	n Min.
10o. USUAL OCCUPAT	ION (Give kind of work dor	e 105 KIND	OF BUSINESS OR IN	1						AT COUNTRY?
Housewij	ing life, even it retired) [C	Own	home	В	edford	Co. I	enna.	J	J. S.	Α.
13. FATHER'S NAME				34. MG	THER'S MAIDEN					
	l Dibert					ia Cro	yle			
15. WAS DECEASED E	VER IN U. S. ARMED FORC If yes, give wor or dotes of serv	rica)		17. INFORMA	INT	-	Address			Md.
NO .			ne	Mrs.	Agnes H	lensle	y, Rt.	# 1 (Lumbe	rland,
	ATH [Enter only one couse	por line for (o), (b), and (c).]	-	7		7		INTERVAL BET	
PART 1. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Lei	con	al	Mhs	my	4-Kan		de	whi
420.1	DUE TO		f= -	1	12		A .			
Conditions, if		12	reer	2/2	-cle	2	T.			-
gave rise to imm (o), sloting the		X			<u> </u>	7 ~				
couse fost.	(c)	1	2-1-10-	<u> </u>		10	-5.2			
PART II, O	THER SIGNIFICANT CONDIT	IONS CONTI	IBUTING TO DEATH	BUT NOT RELA	ITED TO THE TERM	AINALDISEAS	CONDITION GIV	EN IN PART		FORMED?
200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH	ONTRIBUTING L.	DESCRIBE HO	W INJURY OCCURR	ED (Enter not	ere of injury in Po	rt i or Pert II	of item 18.3			
20c. TIME OF INJU	URY Month, Day, Yeor			PLACE OF II	JURY (Home, for	m. 201. (Cirl	(by lown)	7 (Coun	ty)	(Sto**)
Hour a.m		While of work	Not while of work	raciory, sire	et, office bldg., etc	" (1 mil	-12	lle.	Medi
21. I certify	that I took charge o	f the rem	oins described	obove, he	ld an Autop	sy 🔲, I	nspection D.	Inquiry	而。	and in my
opinion deall	resulted from No	furgl cou	ses Accide	ent 🔲,	Suicide [],	Homicide	. Undeter	rmined m	onner []
16	X/ 1/2	//	00				_			
SIGNATURE	/ X///	u 1	han	E-M.D.	CHIEF MEDICAL E	XAMINER [DATI	E SIGNED
	77				ASSISTANT MEDIC	CAL EXAMINE	RB ,		9	1.1-
EXAMINER'S NAME (Type)	R.J. Willi	ams M	l.D.		DEPUTY MEDICAL	EXAMINER [1) ach	TI	- 4	10/39
	ON 226 DATE THEREOF	22c	NAME OF CEMETER	Y OR CREMAT	ORY	22d LOCA	TION (City, fawn, o	r county)	- 7 (SI	tote) = /-
Burial	9/12/59	P1	easant V	alley	Cem.	Nr.	Bedford	, Per	ina,	
23 FUNERAL DIRECTO			ADDRESS		24o. REC		RAR 24b. REGIS			4.0
unaries	L. George	Cumb	erland.	Md.	5 tr C	EP 1 4 !	9 1 Ch	Elmir St 1	Track	



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
Oppose	CEDTIEICATE	OF DEATH	

CERTIFICATE OF DEATH

09775	CERTIFICA	TE OF DEATH	Reg.	Reg. Dist. No.		
1. PLACE OF DEATH o. COUNTY ALLUEGANY	MARYLAND	2 USUAL RESIDENCE (Where deceded on STATE MARYIAND	ased lived If institution Resi b COUNTY	dence before admission) ALT-EGANY		
RURAL and give nearest lown)	ELENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limils, write RURAL a 1 berland.	nd give nearest town)		
d. NAME OF HOSPITAL (If not in haspital, give street od or institution SACRED HEART HOSPITAL	dress)	d. STREET ADDRESS Cresap Park		IS RESIDENCE ON A FARM? YES NOXX		
3 NAME OF First DECEASED (Type or print) TOLIVER	Middle WADE	JEWELL 4. DAT OF DEA		Day Year 23 19 5		
S. SEX 6. COLOR OR RACE 7. MARRIEI WHITE WIDOWED		B. DATE OF BIRTH FEB. 13, 1880	9 AGE (n years IFUNI last birthday) Montl	DER I YEAR IF UNDER 24 HRS Days Hours Min.		
100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Retired laborer Cor	ND OF BUSINESS OR INDUS	Rockingham C		U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
EMANUEL JEWELL (DECEASED)	Susan Zough	lin (D	ECEASED)		
		NFORMANT , Lester L. Je	well 937 Md	. Ave., Cumb		
18. CAUSE OF DEATH [Enter only one cause per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) LIP Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART III. OTHER SIGNIFICANT CONDITIONS CO. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Semily MIRIBUTING TO DEATH BUT	Lauturnlus NOT RELATED TO THE TERMINAL DISE Of fenter nature of injury in Port Lor	ASE CONDITION GIVEN IN	PART I(d) 19. WAS AUTOPSY PERFORMED? YES NO		
20c TIME OF INJURY Month, Doy, Year 20d INJU	URY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (ctory, street, office bldg., etc.)		(County) (Stole)		
21. I certify that I attended the deceased alive an 9-23-19 MACTUAL SIGNATURE NAME ACTUAL	of work	, 19.5-7, ta 9-4 accurred at 11:00PM, fra ADDRESS				
PHYSICIAN'S Lowis Brings, M. I	D. NAME OF CEMETERY O	55 GREENE S	CUMBERLAND			
DEMOVA: (Specify)	Hillcrest E		mberland. M			
23 FUNERAL DIRECTOR'S SIGNATURE	erland, Md.	240 REC'D BY REC	GISTRAR 246. REGISTRAR'S	SIGNATURE		



5113

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09755

		0977	5		4614	- CERTIFICA		O LATT	Reg.	Dist. No	in .	A-100-
	PLACE OF DEATH					2. USUAL RESIDENCE (no'n
		gany		MA	RYLAND	*****Ylanc	1	b. COUNT	(lle	gany		
ŀ	ond give negrest fown)	rulside zorperate limits, write	RUŽAL	c. LENGTH OF STA	AY IN 16	c. CITY OR TOWN (If outside cor	porate limits, write	RURAL o	nd give n	eorusi low	rn]
	Cumberla	ad		35yrs		Curberlan	nd .					
-	. NAME OF HOSPITA	L OR INSTITUTION (If not in hos	pitol, give street add	iress)	d. STREET ADDRESS	1				a. IS RE	S'DENCE A FARM?
	T804 01	dtown Ro	ad			1804 Old	dtown	Road				NO €
	NAME OF DECEASED	Fir	r†	Middle		Lost	4. DATE	Mont	th	Doy	Ye	101
	(Type or print)	Effie		Carolin	e	Kellar	DEATH	Sept.	7,		19	59
5, 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	8 🔲 dans	DATE OF BIRTH		9. AGE Itn years	IF UNDE	_		R 24 HRS.
	F	W	WIDOWE	DIVORCE	· []	Dec. I7. I	886	72 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATION	N (Give kind of work	done 10b K	IND OF BUSINESS C	OR INDUST	RY 11 BIRTHPLACE (SIOI	e or foreign i	country)	12 CI	TIZEN O	F WHAT C	COUNTRY?
	Housewife		0	w.i Home		Salem,	W.Va.	,	J	JSA		
	FATHER'S NAME					14. MOTHER'S MAIDEN						
	Geo. A. I	avis				Melvina E	Boyce					
15.	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY N	10. 17. It	IFORMANT		Address				
	No			None	B	eryl E. Ke	llar.					
	18 CAUSE OF DEATH	H [Enter only one cou	so per line	for (0), (b), and (c)		9	Mulifi	140		N1ER ONS	WAL BETWEE	PP4 Tris
	PART I. DEATH	T WAS CAUSED BY:	Co	it some	سيسي الس	thener	u Q	-			5 -h	
	L 1.1	DUE TO	A			10 11		~				
	Conditions, if an	y, which) (b)		1-12-1	(- ocke	Lac.	e			,	-
	gove tise to immedi (a), stating the us	inte couse			-	7					Printer	_
	couse fost.	(c)			_/							
70	PART II, OTHI	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERA	AINAL DISEAS	SE COND TION GI	VEN IN PA	RT 1(o) 1	9. WAS A	UTOPSY
3										- 1	YES 🔲	NOC
TIFI	200. EXTERNAL CAUS	SE WAS	b DESCRIBI	HOW INJURY OCC	CURRED (E	nter nature of injury in Pa	art I or Port II	f of item 18.)				
CERT	CAUSE OF DEATH.											
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye			20e PLAI	CE OF INJURY (Home, for bry, street, office bldg., el	m. 20f (Cil	y or town)	(C	ounly)		(Stote)
MED	Hour o, m,	19	While at we	Not while irk of work	1							
	21. 1 certify the	at I took charge	of the i	emains describ	sed obo	ve, held an Autop	sy 🔲, I	nspection 🖆	Inqu	iry [4	and	lin my
	opinion death i	esylled from:	Natural o	auses . Ac	cident [, Suicide ,	Homicide	, Undete	ermined	manne	er 🗍	
	h.	KIMI	0 1									
	ACTUAL	XIM	M	Mi and		M.D CHIEF MEDICAL	EXAMINER []			DATE SI	GNED
		7/				ASSISTANT MEDI	CAL EXAMIN	ER 🗖 🔒			3	15/00
	EXAMINER'S NAME (Type)	Richard	J. Wi	lli as,	ID	DEPUTY MEDICAL	EXAMINER	Black)	1	(127
270	BURIAL CREMATION	V. 7226 DATE THEREC	OF .	22c. NAME OF CEM	ETERY OR	CREMATORY	224 LOCA	TION (City, town,	or county)	- ::	(Stote	7
	Burial	8-10-1	959	Zion 16	enori	lal Park	Ca	aberlan	d, 19	d.		
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a REC		TRAR 24b. REGI			te.	

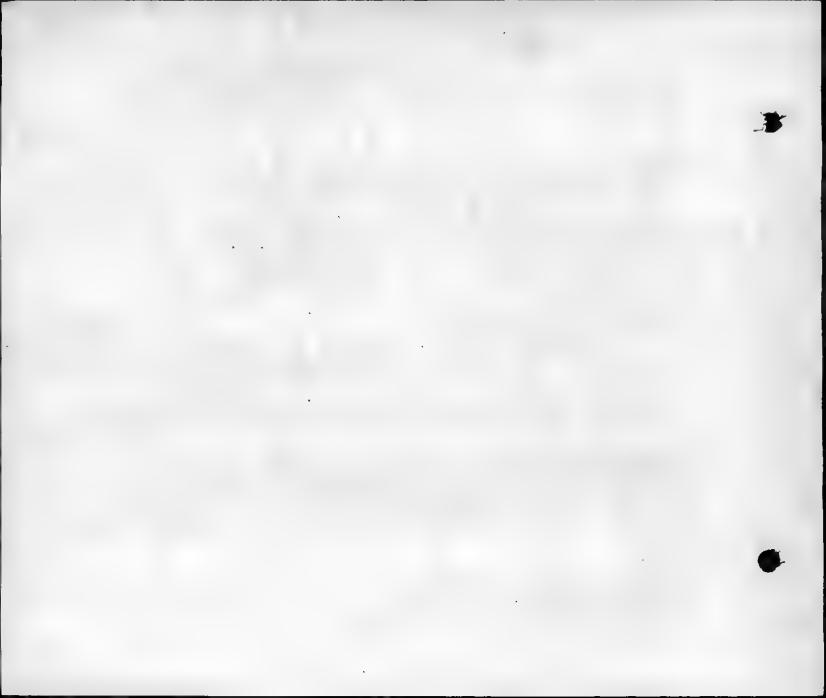
DATGEP 1 0 '59

Cirthun & House

James F. Scarpelli, Cumberland, Ad.

TO DEPUTY MEDICAL ETAMINET This certificate stands be executed within 24 hours after death. If any delay is necessary, please execute the certified, writing the word "pending" in poncil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for any files.

TO FUNERAL DIO OR: Page 3 should be used as a buriol-transity permit. File pages 1 and 2 with the State Bocks of Health, or its designate. Egent, prior to buriol, cremation, or removal, and in any event within 72 yours after death. 4 should be for VS ATSME 5M 2/57



VS A15 (4) 15M 9/58

יון בייני ווים ומע ופלמוני ווים תבמון בנוווינים מי ביינים איווווי די ווימין מיינים המייני ווימין איוויין די ווימין מיינים ווימין איוויין איינים ווימין איינים ווימיין איינים ווימין איינים ווימין איינים ווימיים ווימיים ווימיים ו		is certificate hos been signed by the attending physician and completely filled in by the moffal director,	filed with	
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2		Ď.	Sho	
2000		in by	and 2	
1		filled	ger	
		etely	P.	
2000		comple	popers	A P
מעט מעט		puo u	Irbon	and the second of the second wishin 70 hours after death
200		ysicial	ave cc	de salie
בשב		ld bu	ren	77 h
		Itendi	please	acidbin.
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5		sign	₽ De	.:
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	or ottending physician.	alo	e bu	100
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2	ò	S CE	030	1000

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		MARYI 098		STATE DEPART	MENT OF F	IEALTH SEATH		MORE, 1	8	0	97!	56
		030	OUG	CERTIFIC	ATE OF [JEAIN			Reg. Dist	No.		
1,	o. COUNTY A11	egany		MARYLAND		DENCE (Whe	ere deceased live	b. COUNTY		e before		on)
	B CITY OR TOWN (III RURAL and give ne	f outside corporate limi grest town) Rural	its, write	c LENGTH OF STAY IN 16	c. CITY OR		orside corporate	limits, write R	URAL ond g	ve near	est town	1
-		AL (If not in hospital, g	give street	oddress)	d. STREET A					•	ON A	DENCE FARM? NO 🗔
3.	NAME OF DECEASED (Type or print)	Robert.	rst	Middle Keith	Lon	s†	4. DATE OF	Mon		Day	Y	'ear
E	SEX	6 COLOR OR RACE	7		Kelle	M		Sept 13	IF UNDER 1	VEADI		9 59
	Male			HED NEVER MARRIED				GE (In years ost birthdoy)		Doys	Hours	Min
_		White	WOON		Jan. 1			58 yrs.				
1	during most of work	ing life, even if refired) _	kind of Business or ind aper Mill		1. W. VE	-	γi		S.A.	WHATC	OUNTRY?
13	FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME					
	Archib	ald Kelley			Sara	h Scot	tt					
		R IN U.S. ARMED FOR IF yes, give war er dates of s	ervice)	16-07-8871	INFORMANT Bessie Ke	llev (Yumhawl s	Addi				
MEDICAL CERTIFICATION	PART I. DEA Conditions, if or gove rise to in couse (o), stoting lying couse lost. PART II. OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the alive an actual signature PHYSICIAN'S	TH WAS CAUSED BY. IMMEDIATE CAUSE (c DUE TO ny, which mediate the under. S UNDERLYING I CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye 19	20b. DESC	Not while	PLACE OF INJURY officiory, street, offic	(Home, form, e bldg., etc.)	20f (City or t	own) 19 59 couses an	(Co That I las	ONSE 1(o) 19 punty)	the destated	AUTOPSY RMED? NO (Stote)
22	NAME (Type) BUR AL, CREMATIO REMOVAL (Specify))F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	I (City, town, o	or county)		(Stote)
-	BUTIAL (Specify)	9/16/59		Hillcreast				erland			Md.	
23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		1	BY REGISTRAR		STRAR'S SIG		Ē	
	1. 19	1/ax		Westernport,	Md.	DAREP	1 1 22		1 221 7 69			

Westernport, Md.



No.

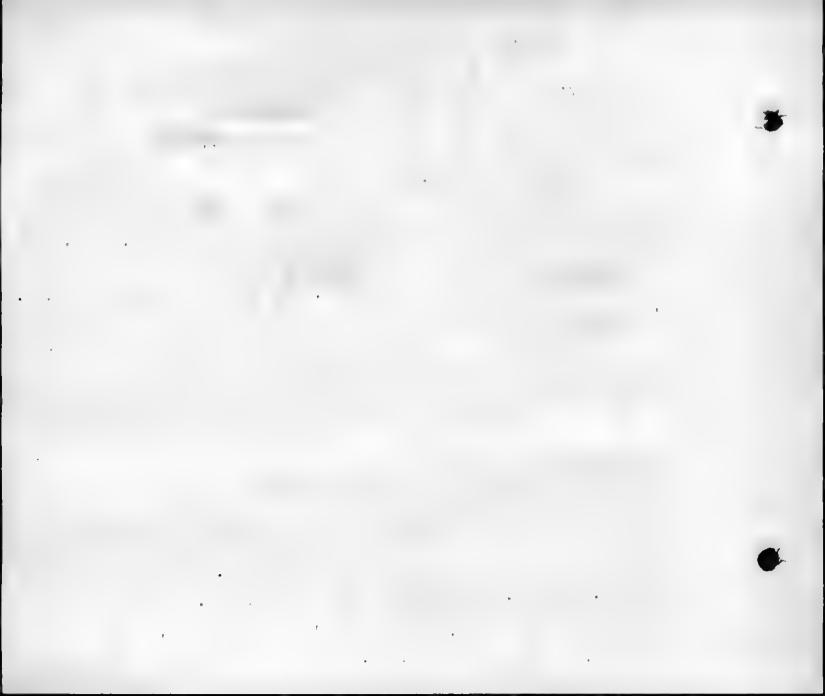
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIFICATE OF DEATH 110mm

09757

	03777	GERTII IÇ	AIL OI DEAT		Reg. Dist. No.		
1. PLACE OF DEATH B. COUNTY	Allegany	MARYLAND	A CTATE	there deceased lived. If institution b. COUNTY	Allegany		
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write earest town?	C LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate limits, write R	URAL and give nearest town)		
Cumber	land	3/16/59		erland,			
d name of hospi or institution	TAL (if not in hospital, give stree 11egany Coun	ty Infirmary	328 Faye	itte St.,	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED	First	Middle	Lost	4 DATE Mon	ih Day Year		
(Type or print)	Clara	Lillian	Kerber	DEATH Septem	nber 10, 1959		
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS.		
Female	White WIDOV		10/11/1873	85 уп	Manths Days Hours Min.		
10a. USUAL OCCUPATE during most of wor	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slove	ar foreign country)	12. CITIZEN OF WHAT COUNTRY		
Housewif		Own home	Frostbu	rg, Maryland	U. S. A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
Wil	liam Beane		Kathrynn	_			
15. WAS DECEASED EVE [Yes, no or unknown]	ER IN U. S. ARMED FORCES? [16]	None	Ilegany Con	111	" Cumberland, Md		
	ATH [Enter only and couse per		TICKALLA COL	THEY THE PRINTER	INTERVAL BETWEEN		
	ATH WAS CAUSED BY:	(Julius	020,111/	cha to = 1°	ONSET AND DEATH		
4221	IMMEDIATE CAUSE (a)	1	any res	g good wow	36363		
Candilians, if a	and multiple V	Limin mi	was find	Dearing	>		
gove rise to		C. T	in access of	Cay enancies			
cause (a), stating lying cause lost.	(c)	Temeral	arter	oscherosi	13		
PART II. OT.	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED?		
200 ACCIDENT W	AS LINDERLYING TI 205 DE	SCRIBE HOW INJURY OCCURRE	D (fates polyes of reiner in	Part I or Part II of Jam 19 1	YES NO P		
	MEDICAL EXAMINER	SCARE HOW INJURY OCCURA	to (the nature at injury in	4			
ZOC. TIME OF INJUST B. m.	RY Month, Day, Year 20d. While		ACE OF INJURY (Home, for intary, street, office bldg., et	m, 20f (City or town)	(County) (State)		
p. m.		Not while 100 mrk at work					
21. I certify th	nat I attended the decea	sed from 3/16/5	Q , 19 , to C	1/10/59 19	"that I last saw the deceased		
alive anQ	/10/59 19				nd an the date stated above		
1	B	501	-	ADDRESS (Street, city or town,			
ACTUAL SIGNATURE	SIGNATURE ALLES 6. 12 Keall M.D. 49 Greene St. 9/11/59						
PHYSICIAN'S I	or. James E.	McLean		land. Md.			
220. BUR AL, CREMATIC	ON, 226. DATE THEREOF	22c NAME OF CEMETERY C		22d LOCATION (City, lawn, o	r county) (State)		
Buria I	9/12/59		& Paul's	Cumberland			
23 FUNERAL DIRECTOR Charles		Sumberland, M	240. REC	D BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE		
			DATE	OEI 17 00			

VS A15 (4) 15M 10/57



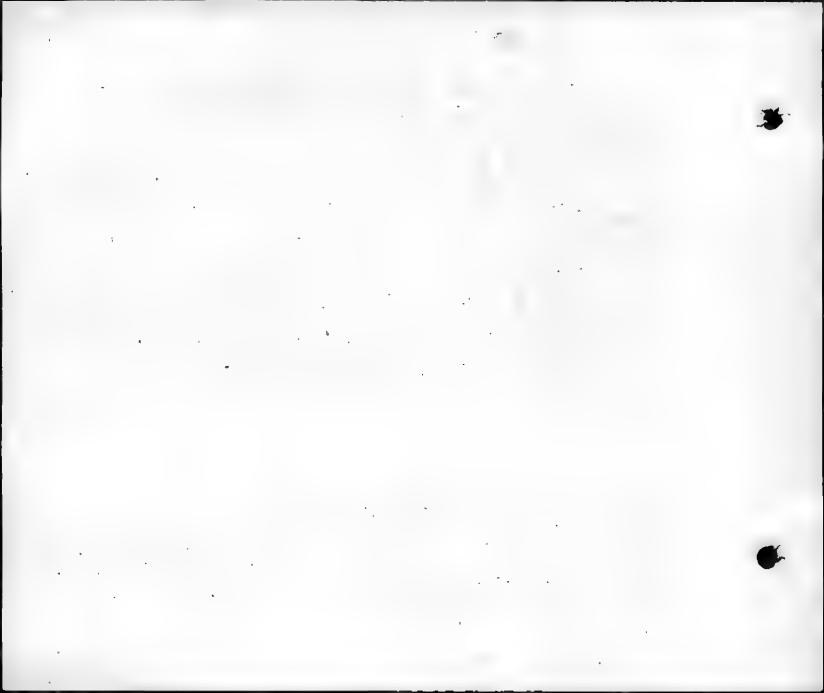
VS A1S (4) 1SM 9/SB

ARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
09797	CERTIFICATE	OF	DEATH	D

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		()	3	7	5	8
eg.	Dist.	No.				

i i	00101		Keg, Dist, No.						
44	1 PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (Where deceased fived If institution Residence before admission) p. STATE p. COUNTY						
	Allegany	MARYLAND	Marvl	and b. COUNTY A	llegany				
	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	and give nearest town)					
	Frosthurg.	25 Yrs.	Frost	burg					
	d NAME OF HOSPITAL (If not in Kospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	54 Ormand Street		54 Or	mand Street	YES NOX				
	3. NAME OF First DECEASED	Middle	lasi	4. DATE Month	Day Year				
	(Type or print) Joseph	T.	Kidwell	DEATH Sept.	18th, 1959				
	S. SEX 6 COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	lost birthdoy) Mont	ths Days Hours Min.				
	Male White WIDOWE			911 48 yrs.					
N	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			_	CITIZEN OF WHAT COUNTRY?				
Л	Foreman-Spinning Ce	lanese Corp			USA				
7			14. MOTHER'S MAIDEN NA						
	John Kidwell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S	OCIAL SECURITY NO. 1	Janet G:		1. 0				
	[Yes, no, or unknown] (If yes, give wer or dates of service)	ווי ספ בסבר		. Address 5					
	MI S.Mai galoo Miawellalloo obalga Maa								
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Must 10. DEATH WAS CAUSED BY:								
	IMMEDIATE CAUSE (0) With the first war a warmen survey								
	Conditions, if ony, which)								
	gove rise to immediate	(1×11/1a	7 7 670						
	biss (u), string the olidar								
	PART II. OTHER SIGNIFICANT CONDITIONS CO				YES NO DE				
		RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of Item 18.)					
	A	I I	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County) (Stote)				
	E p. m. 19 of work	Hour o. m. While Not while of work of							
	21. I certify that I attended the deceased from 1954 18, 1959, to 1941 18, 1957 that I last saw the deceased								
	alive an 195	I V . K. L. P. C							
	1. Anny	ADDRESS (Street Stily of Jown, stole) DATE SIGNED							
	SIGNATURE M.D. TOST THE SIGNATURE								
1	PHYSICIAN'S	Lune	-	andot	1549				
	NAME (Type)			- / / / · · · · · · · · · · · · · · · ·					
	220. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d LOCATION (City, town, or cour	nty) (State)				
	Burial 9-21-59 23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Memor	rial Park	Frostburg, Mc	S SIGNATURE				
			C	100.0	1 & Kings				
	Joseph R. Durst, Fro	stburg. Md.	DATE		C AND CHANGE				



VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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,	, -	- 40	U	V

	09778	OEI(IIIIO)	***	OI DEATH		Re	g. Dist. I	No.	
1, PL/	ACE OF DEATH	·		ISUAL RESIDENCE (Whe	re deceased liv		esidence b	efare admiss	ean)
0.	ALLEGANY	MARYLAND	1 6	MARYLAN	n	b. COUNTY	LEGA	NY	
ь.	CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16		CITY OR TOWN (If ou					1)
	RURAL and give nearest town) CUMBERLAND	19 DAYS		CUMBERL	AND				
	NAME OF HOSPITAL (IF not in hospital, give street OR NAME WIOR TAL HOSPITAL		1 .	d. STREET ADDRESS				e IS RES	IDENCE
	MEMORIAL & WARWICK AV			120 LAI	NG AVEN	IUE			NO A
3. NA	ME OF First	Middle		Last	4. DATE OF	Month		Day	Yeor
	pe or print) RACHEL	C.		KROWE	DEATH	SEPT.	1	7 1	1959
S. SE)	6. COLOR OR RACE 7. MARK	HED NEVER MARRIED	B. DA	TE OF BIRTH				EAR IF UNDE	
	FEMALE WHITE WIDOW	DIVORCED 🗌	N	OVEMBER 13,		2 yrs.	nths Do	ys Hours	Min.
100 t	ISUAL OCCUPATION (Give kind of work done 10b, uring most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY	11, BIRTHPLACE (Stote o	r foreign count	ry) 1	2. CITIZEN	OF WHAT C	OUNTRY?
	Housekeeper	At Home		WEST V	TRGINIA		U.	S.A.	
13. FA	THER'S NAME		14.	MOTHER'S MAIDEN NA	AME				
	HENRY SIMONS				SARA SI	MONS			
IS. W	AS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFOR	MANT		Address			
	(If yes, give wor or dates of service)		MEM	ORIAL HOSPI	TAL.	CUMBERI	AND.	MARYLA	ND _
18	. CAUSE OF DEATH [Enter only one couse per li						1	NTERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Urama					(DNSET AND	2.4
	U.50.6 DUE TO							1 -0	
	Conditions if you which \	01	6	L.	. 7	محسانة		25 1.	c
	gove rise to immediate (CAROLLE		ougeston		- CHANG	-		CD3
	ouse (a), stating the under-	(1)	1	0 (), 6.		tom A. C			
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT	RELATED TO THE TERMIN	AL DISEASE CO	ONDITION GIVEN II	N PART 10	o) 19. WAS	AUTOPSY
CERTIFICATION							,	PERFO	RMED?
H 20	G. ACCIDENT WAS UNDERLYING A 206. DES	CRIBE HOW INJURY OCCURRE	D. (En	ter noture of injury in P	ort I or Part II	of item 18.)			
	F EITHER, NOTIFY MEDICAL EXAMINER)								
Ž 20				F INJURY (Home, form,		town)	(Сон	nly)	(Stote)
MEDICAL	Hour o. m. White of wor	1401 111116	ciory,	street, office bldg., etc.)					
	1. I certify that I attended the deceas	ed fram 9-13		. 19 . to	9-17	, 19 that	t I loct	raw the d	accared
	live on 9-17-19 19	, and that death							
Ιľ	1146 011	, and mai deam	ı ucc	4		, city or lown, state			E SIGNED
l la	CTUAL William R.	200		Uut	ed Con	B 54	,	0.1	8-18
SI		Territy	MD	9-91	Di Cou				
P	HYSICIAN'S DR. OVERTON HIM	ELWRIGHT-		Cu	emberle	end		me	
22o. B	URIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY C	R CRE	MATORY	22d. LOCATION	V (City, town, or co	unty)	(Stot	e)
	EMOVAL (Specify)	Sunset Memor	กร่อ	Park	Cumberl	and Mary	land		
	NERAL DIRECTOR'S SIGNATURE	ADDRESS		24g, REC'D	BY REGISTRA	24b. REGISTRĂ	R'S SIGNA		
R	uth E. Silcox Cumber	land Maryla	and	DATESEP	2 4 '59	Orthun	3. Ku	atile.	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09760

}	09779	CERTIFICA	ATE OF DEATH
	I. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where o. STATE W.VA.
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs

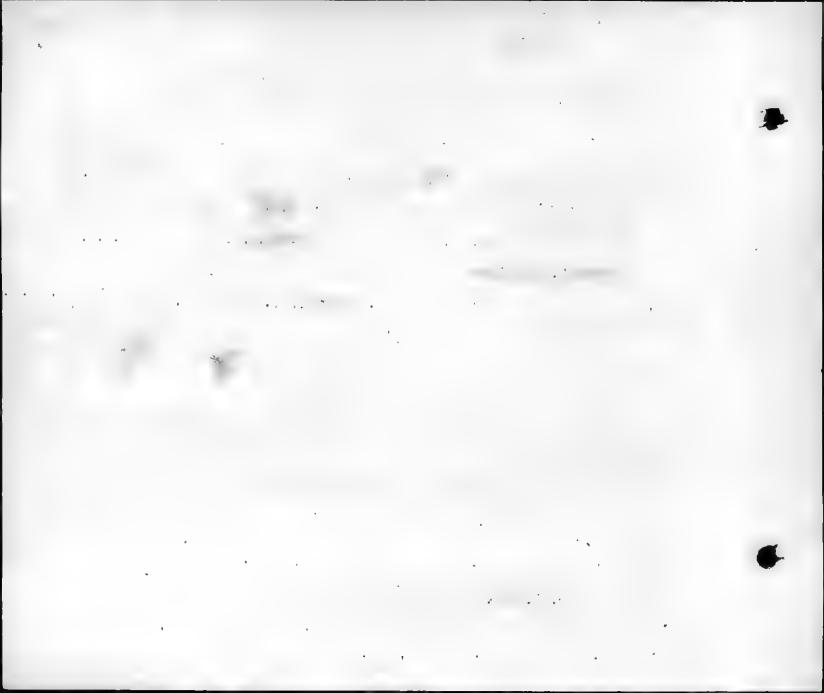
Reg. Dist. No.

I. PLACE OF DEATH o. COUNTY Allegan	V	MARYLA		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE W.VA. b. COUNTY Mineral						
b. CITY OR TOWN (If outside RURAL and give negres) to	e corporate limits, write	c. LENGTH OF STAY IN	1ь				prote limits, write R		_	wn)
				Ridgeley,						
d. NAME OF HOSPITAL (15 n OR INSTITUTION				d STREET A	DDRESS				e. IS R	ESIDENCE A FARM?
Sacr	ed Heart Ho	ospital			L2 Jor	ies St				□ NO X
3. NAME OF DECEASED	First	Middle		Lasi	1	4. DATE OF	Mon	ept.	Day 20	Yeor 1959
(Type or print)	Regina			<u>chliter</u>		BA TH		A	,	
		RRIED NEVER MARRIED		DATE OF BIRTH	4		9. AGE (In years	Months D	YEAR IF UN	
Female	White widow	WED DIVORCED [Oct. 30	0,-19	43	15 yrs	Months D	dy's Hooi	2 14011
10a, USUAL OCCUPATION (Giv during most of working life	e kind of work dane 10t	. KIND OF BUSINESS OR I	NDUST	RY 11. BIRTHPL	ACE (Stote of	or foreign c	ountry)	12 CITIZE	N OF WHA	COUNTRY?
Housewife	even if relifed)	Own home		Cumb	erla	nd.	Marylan	d U.	S.A.	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
George	D. Shaff	er			Mar	ry Joi	nes			
15. WAS DECEASED EVER IN U.		S SOCIAL SECURITY NO.	INF	ORMANT			Add	ress Rio	dgele	v. W.
No,	ve war or dates of service)	None	Mr.	John	L. L	echl	iter 12	Jones	s St.	1
18. CAUSE OF DEATH [E	aler only one couse per	line/for (o), (b), and (c).]	. /	1					INTERVAL ONSET AN	
PART F, DEATH WA	S CAUSED BY: DIATE CAUSE (o)	Detune	He	partit	ا				ONSET AF	ID DEATH
751X	DUE TO		U							
Conditions, if any, wh	ich) (b)									
gove rise to immedi-	ole (DUC TO									
lying cause lost.	ier-									
) (c) NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT N	IOT RELATED TO	THE TERMI	NAL DISEAS	SE COND TION GIV	EN IN PART I	l(a) 19 WA	S AUTOPSY
OTTE			_						PER	FORMED?
PART 11. OTHER SIG	ERLYING 206. DE USE OF DEATH AL EXAMINER)	SCRIBE HOW INJURY OCC	URRED.	(Enter noture of	f injury in P	Part I or Po	rt II of item 18.]			
20c. TIME OF INJURY Mor			e. PLAC	E OF INJURY (I	Hame, farm, bldg., etc.	20f. (Cit	y ar lawn)	(Co	unty)	(Slate)
¥ p. m.		ark at work				1/				
21. I certify that 1 a	ttended the decec	sed from 7//	5	19.19	, ta	9/2	1957	that I last	saw the	deceased
alive an 9/20		57 , and that d	eath c	accurred at	4500	M. fram	the causes an	d an the	date stat	ed abave.
	\ \ \ \ \	7				ADDRESS (S	treet, city or town,	stole)	D	ATE SIGNED
ACTUAL SIGNATURE	W. 3	ay X	м	D	452	N.	Cintro	82	91	41/19
PHYSICIAN'S NAME (Type)	nr Leo H	Lev			ser.	Key. E	and,	Ind.		
	. DATE THEREOF	22c. NAME OF CEMETE	RY OR	CREMATORY		22d. LOCA	TION (City, Iown,	or county)	(S	tate)
Burial 9	/23/59	Zion Mem	ori	al Cem		Kuml	berland,	Mary	land	
23 FUNERAL DIRECTOR'S SIGN		ADDRESS	===		240. REC	END MEGIS		STRAR'S SIGN		
Charles L.	George C	umberland,	Md	•	DATE	Er Z 4	00	withing of	Thomas	
					L					

TO BOSTITAL OR ATTENDING THY ILCIAN; THE loss requires that the death certificate bis executed within 24 hours after death. Tage 4 may be retained by the haspital ar attending physician.

D. FUNERAL DIR?

R: After this certificate has been signed by the attending physician and completely filled in by the peral director, page 3 shauld by tracked for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 12 hours after death TO FUNERAL DIRY
page 3 should b. V5 A15 (4) 15M 9/5B



VS A15 (4) 15M 9/58

No.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09798 **CERTIFICATE OF DEATH**

09761

Reg. Dist. No.

1, PLACE OF DEATH					SIDENCE (Wh	iere deceased li		on Residence b	efore admiss	on)
o. COUNTY	ALLEGANY	, M	ARYLAND	o. STATE	MARYI	LAND	b. COUNTY	ALLE	GANY	
b CITY OR TOWN (IF out RURAL and give neares FROSTBI	town)		ray in 16	c. CITY O	FROST	utside corporate	imits, write R	JRAL and give	nearest fown)
d. NAME OF HOSPITAL (d. STREET	ADDRESS	270210			e. IS RES	DENCE FARM?
OR INSTITUTION 42 LINI	DEN ST.			/	42 LI	INDEN S	ST.			NO X
3 NAME OF DECEASED	First		idle		ost	4. DATE OF	Mon		Day '	Year
(Type or print)	MARION	G			EWIS	DEATH	SEPT	_	-	19 5
		MARRIED NEVER MA		B. DATE OF BI	_		AGE (In years last birthday)	Months Day		R 24 HRS
					10, 18	366	93 yrs			
HOUSEWORK	Give kind of work don life, even if retired)	OWN HO		TRY 11. BIRTH	IPLACE (Stote		lry)		S.A.	
13. FATHER'S NAME				14. MOTHE	S'S MAIDEN N	NAME				
DAVID GRI	FFITH			I	MARY Y	CATES				
15. WAS DECEASED EVER IN	U. S. ARMED FORCES		NO. IN	FORMANT			Addi	ess		
Tree, ou, as admission,	, great and the contract of partic	NONE	GR	IFFIT	I LEWI	S, FRO	STBUR	G, MD.		
18. CAUSE OF DEATH	(Enter only one cause	per line for (a), o), and	(c).]	//		•		1	NTERVAL BE	TWEEN
PART I, DEATH \	VAS CAUSED BY: MEDIATE CAUSE (a)	115101	u)	Sile	case	0				eas
1150.0	DUE TO	JUJ							7	
Conditions, if any,	which) (b)								,	
gave rise to imme	diate (DUE TO					-				
lying cause last.	(c)									
PART II. OTHER S		IONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NALDISEASE C	ONDITION GIV	EN IN PART 1(c	1) 19. WAS	AJTOPSY
Ř									YES [RMED?
PART II. OTHER S PART III. OTHER S	CAUSE OF DEATH	b. DESCRIBE HOW INJUR	Y OCCURRED	Enter noture	of injury in	Part I or Part II	of item 18)			7
3 20c. TIME OF INJURY	Month, Day, Year	20d. INJURY OCCURRED				, 20f (City or	town)	(Cour	ity)	(Stote)
20c. TIME OF INJURY /	19	While Not while at work	fac	tory, street, of	lice bldg., etc	-} }				
			115-1		. 50	1-110	14			
21. I certify that	aftended the de	77	(f.l)-C	, 19		BA L	/	that I last s		
alive an		1967, and H	hat death	accurred o		M, fram the				abave. E SIGNED
ACTUAL //	AmcL	1100				MAIN		state)	Ang 1	E SIGNED
EIDWATURE	0/11/	que u_		W.D		145.221		- depl	120	
PHYSICIAN'S W	O. McLA	NE, M. D.			FRO	OSTBUR	G, MD.	1/9	59	
- DE LAGRANAL (Smaniful)	SEPT. 28	159 F BG		R CREMATORY ORIAL	PARK		N (City, town, (ROSTBU)	, .	(Stat	e}
23. FUNERAL DIRECTOR'S SIG		ADDRESS	· 114444	~-\&&&L		D BY REGISTRA		STRAR'S SIGNA		
					DATE S	EP 2 8 5		ithur 2 +		



L		0978	0_	CERTII	FICA	TE OF DEATH			Reg. Dist	No.	
1.	PLACE OF DEATH a. COUNTY	Allegany		MARY		2. USUAL RESIDENCE (WHO O. STATE	land	d lived If instituti b. COUNTY			
	b. CITY OR TOWN RURAL and give Cumber	(If outside corporate limingarest town)	s, write	Lifetime	H	c. CITY OR TOWN (IF or	otside corpo		URAL and go	ve negresi	lown)
	OR INSTITUTION	umbia Ave		oddress)		d. STREET ADDRESS 608		mbia Av	e.	0	RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	fir Mo.	llie	Middle	A	laihl	4. DATE OF DEATH	Se ₁		24	Yeor 1959
	sex Female	White	7. MARI	RIED NEVER MARRIE		DATE OF BIRTH Lug. 20, 1874		9. AGE (In years last birthday) 85 yrs			JNDER 24 HRS
10	o. USUAL OCCUPAT during most of wo Seams tr	rking life, even if retired		Self Emplo		Cumberla			12 CITIZ	USA	HAT COUNTR
13	John	Maihl				14. MOTHER'S MAIDEN N. Margare	_	etrich			
15	. WAS DECEASEDEV es no or unknown) MO	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		ormant ss Mamie Di	etri	ch, Cumb		nd,	ld.
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (a), (b), and (c).]		ener				ONSET	AL BETWEEN AND DEATH
	Canditions, if gove rise to couse (a), stating lying cause last	immediate DUE TO		/ Orter	20%	se bros	1964 St.			10	722
CERTIFICATION	PART II. O'	HER SIGNIFICANT CON	DITIONS			OT RELATED TO THE TERMIN			EN IN PART	P	VAS AUTOPSY ERFORMED? S NO [2]
MEDICAL CER		G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes	While	Not while	20e. PLAC facto	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f. (City	or tawn)	(Co	ounty)	(S)ate
	21. I certify to alive on	hat I attended the			death a	courred at 11:35	M, fran	n the causes o	and an the	ost saw e date : -25-:	stated abov
	PHYSICIAN'S NAME (Type)	Clay E. D		ett,MD		Cumberla	nd,	. d .			
22	REMOVAL (Specifi BULLA)	9-29-1		SS. Peter		REMATORY Paul Cemet		umberla			(Stote)
23	FUNERAL DIRECTO	R'S SIGNATURE	"I ·	ADDRESS	1 1		BY REGIST	RAR 24b REGI	STRAR'S SIGN		4

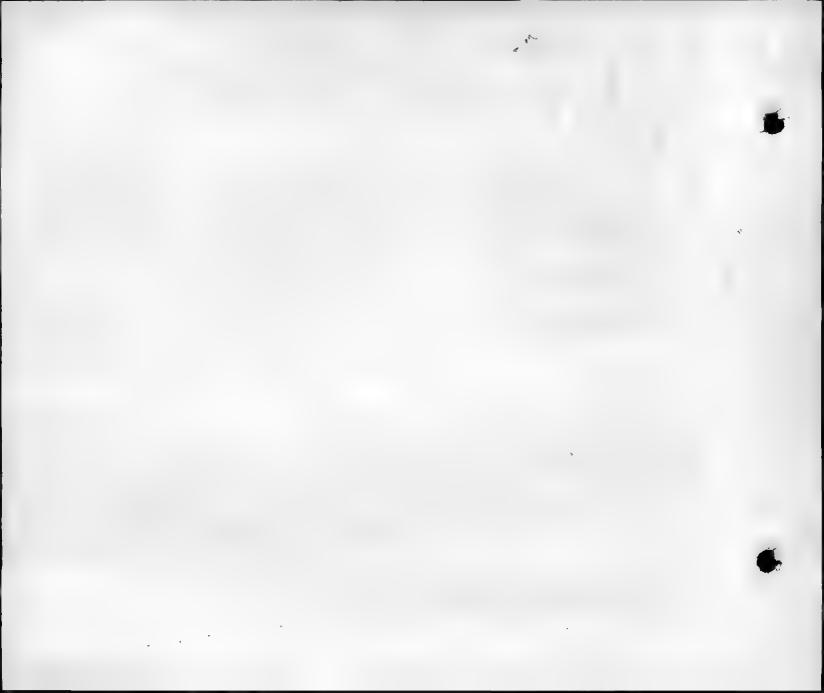
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld

Flacked far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A1S (4) 15M 10/57

neral director, d be filed-with

F.



IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

6. Months

18 Months

PERFORMED? YES NO TO

(Slate)

ON A FARMS

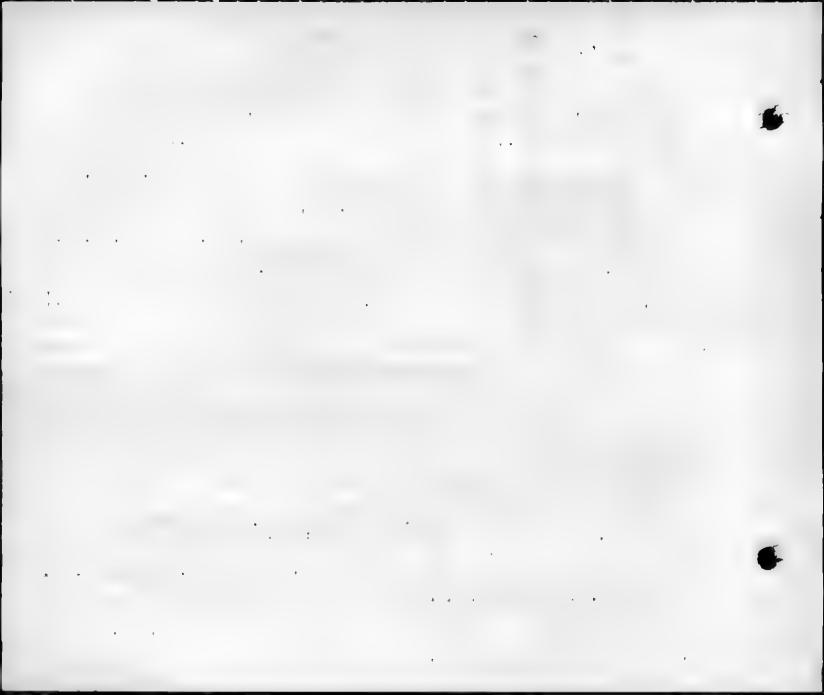
YES NO P

59

15M 10/57

deoth. Poge

Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) p. COUNTY Allegany b. COUNTY MARYLAND Allegany Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest lown) Cumberland Cumberland, d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS or institution 513 Rose 513 Rose Hill Ave.. Hill Ave. NAME OF Middle DATE DECEASED Sept. MAUDE ESSIE MATHEWS (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 74 HRS AGE (In years lost birthday) Months White Female WIDOWEDX Oct. 10, 1893 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U. S. A. Sharpsburg. Own home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie M. Benner Emory D. Grav IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Cumberland, Mrs. Myrtle Brode 511 Rose Hill Ave. No. None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) Carcinometosis **DUE TO** Conditions, if ony, which Carcinoma of Urinary Bladder gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) factory, street, office bldg., etc.) Hour o. m. Not while of work at work 21. I certify that I attended the deceased from Aug. 31 ..., 1959, to Sept. 24 ..., 1959, that I last saw the deceased 12.59..., and that death accurred at 7:55P.M, from the causes and on the date stated above. ADDRESS (Street, city or fown, stote) ACTUAL M.D 126 N. Smallwood St., Cumberland, Md. SIGNATURE PHYSICIAN'S L. Michael Glick, M.D. NAME (Type) 22c NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City fown, or county) /27/59 Hillcrest Burial Park Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Maryland DATE SEP 2 8 '59 arthur & Kinua



0.9764

19789

CERTIFICATE OF DEATH

00802	9 2.001.102			Reg. Dist	. No.
1 PLACE OF DEATH o COUNTY		2. USUAL RESIDENCE (Wh			e befare admission)
ALLEGANY	MARYLAND	MARYL	AND b.	COUNTY ALLE	EGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limit	ts, write RURAL and gi	ve nearest tawn)
CUMBERLAND	20 DAYS	, N	IKEP		
OR INSTITUTION MEMORIAL HOSPITA MEMORIAL & WARWICK AVES	ddress)	d STREET ADDRESS			* IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DECEASED (Type or print) SAMUE L	Middle	MC CUTCHEON	4. DATE OF DEATH	Month SEPTEMBER	R 3 19 59
5 SEX 6. COLOR OR RACE 7 MARRII	ED NEVER MARRIED	B. DATE OF BIRTH	9 AGE	The same of the sa	YEAR IF UNDER 24 HRS
MALE WHITE WIDOWE	DIVORCED [MAY 17 1	884 75	yrs. Months E	Doys Hours Min,
10a USUAL OCCUPATION (Give kind of wark dane 10b. K during most of working life, even if retired) Retired Coal Miner		STRY 11 BIRTHPLACE (Stole MARYLAND	or foreign country)	12 CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
SAMUEL MC CUTCHEO	N	FANNY JAC	OBS		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes, no, or unknown) [(If yes, gave wor or dates of service)	OCIAL SECURITY NO.	NFORMANT		Address	
	M	EMORIAL HOSPI	TAL CI	UMBERLAND,	MD.
18. CAUSE OF DEATH [Enter only one couse per line	far (a), {b}, and (c).]			·	INTERVAL BETWEEN
	ebro-Vascular	Accident (Emb	olus)		Immediate
4.0.1 DUE TO					
Conditions, if ony, which) (b) Ari	cular Fibrilla	ation			??
	onary Arterio	sclerosis;Myo	ardial Fi	brosis	??
Part II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NALD SEASE COND	ITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED2,
					YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I or Port II of ite	ım 16.)	
2 7	7.	ACE OF INJURY (Home, form clory, street, affice bldg., etc.	20f. (City or town) (Ce	ounly) (Stote)
Hour a.m. White at wark	Nat while at work	ciory, sireor, arrice coage, are.	Cumber:	land,	Maryland
21. I certify that I attended the decease	d from August	LL 1959 , to Se	otember 3	. 1959 that I las	t saw the deceaser
	2, and that death		10		
			ADDRESS (Street, city		DATE SIGNED
ACTUAL SIGNATURE	colon	M.D 50 1	ershing S	Street	9/4/59
PHYSICIAN'S STAGE WEST STAN	XS. M. JACOBS	ONGum	oerland)	laryland	
22g. BURIAL, CREMATION, 22b DATE THEREOF	22c NAME OF CEMETERY C			ly, tawn, or county)	(Stole)
Burial 9.6.1959	<u></u>	1 Cemetery		ow, MD.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 NEC	BY REGISTRAR	246 REGISTRAR'S SIGI	
GEORGE EICHHORM	TOMACONTNG.	DATE DATE		Tribani A	craud

herof director, ould be filled with TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Page 4 and completely filled in by the ban popers. Pages 1 and 2 ship property. may be retained by the hospital or attending physician.

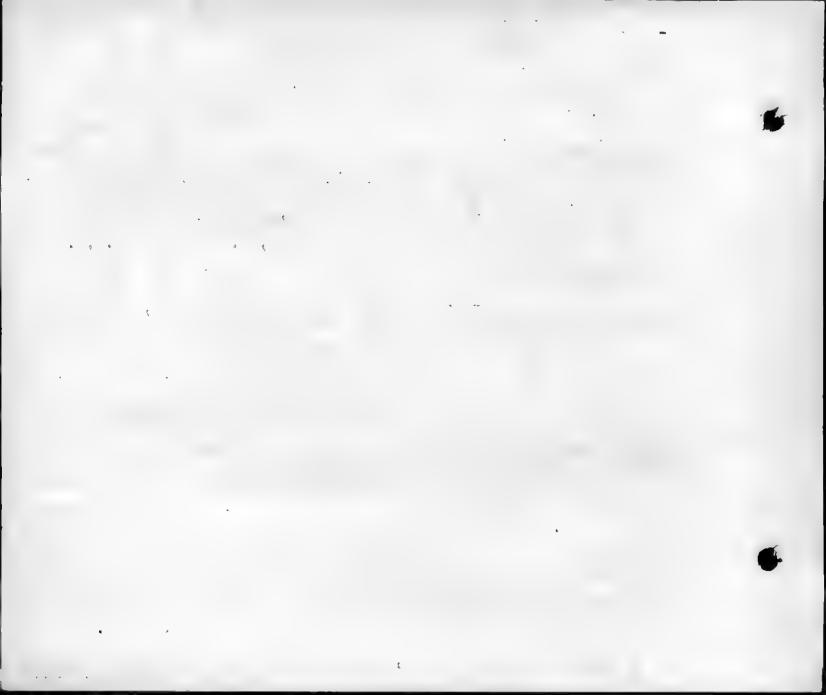
TO FUNERAL DIRF 18: After this certificate has been signed by the attending physician or page 3 should by extached for use as the buriol-transit permit. Then please remove corbat the registrar prior to buriol, cremation, or removal, and in any event within 72 hours effer VS A15 (4) 15M 9/58

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09799 CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before odm ssion) o STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg	X c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) "Rural" Frostburg
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Liners Hospital	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print) William]	McNeil 4. DATE Month Doy Year DEATH September 14 19 59
Male White WIDOWED ☑ DIVORCED ☐	B DATE OF BIRTH 9. AGE (In years last birthdoy) 85 yrs FUNDER 1 YEAR FUNDER 24 HRS
10c USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LECTREC	Hampshire, W. Va U.S. A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
William McNeil	Elizabeth O'Neil
(Yes no or unknown) (If yes, give wor or dates of service)	eo McNeil Klondike, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Brother" Cracked Interval Between onset and Death
Conditions, if ony, which gove rise to immediate couse (e), stating the under-lying cause lost. DUE TO Cardiove (b) Cardiove (c) Partial	Gastricobstruction
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \text{ X} \)
CIF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 While of work of work 19	ACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) ctory, street, office bidg., etc.)
ACTUAL SIGNATURE	n occurred at 1:25 ft. ft., 19.52, that I last saw the deceased a occurred at 1:25 ft. ft., from the causes and on the date stated above parts signed that signed the state of the signed ft.
NAME (Type) 27 M D THEREOF 22c NAME OF CEMETERY OF	PR CREMATORY Park 22d LOCATION (City, town, or county) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
George Eichhorn Lonaconing,	arylanderecep 1 7 '59 Cuther & Kours



09766

00782

CERTIFICATE OF DEATH

Pag Dist No

00100		_		reg. Dist. No.
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND	re deceased lived. If instit b COUN	iution: Residence befare admission) ITY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	ONE DAY	CUMBERLA	•	e RURAL and give nearest lawn)
d NAME OF HOSPITAL (If not in hospital, give the OR INSTITUTION WAI	RWICK & ORIAL AVES.	d. STREET ADDRESS	OWMAN'S ADDI	1 ION SESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) MICHAEL	Middle OL I N	MILIER	4. DATE OF SEPTE	MBER 7, 19 5
	W. W. L. L.	B. DATE OF BIRTH	9 AGE (in year lost birthdo)	
MALE WHITE WIDOW	/ED DIVORCED	JUNE 30, 19		Months Days Haurs Min
Oa. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Student			AND, MD.	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
MILLER, ROBERT O.			RUTH LEE	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. (Yes. no, or unknown) [17] (If yes, give wor or deten of service)		FORMANT		Address
The state of the s		MORIAL HOSPIT	AL -CUMBER	
18. CAUSE OF DEATH [Enter only one cause per I FART I. DEATH WAS CAUSED BY:	ine for (o), (b), ond (o)	(D.Lo.		INTERVAL BETWEEN
IMMEDIATE CAUSE (a)	Japa	IV JALLO		1840UTS
O Ø O , O DUE TO				
Conditions, if ony, which (b)				
couse (a), stating the under-				
lying cause lost. (c)	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMIN	IAI DISEASE CONDITION	GIVEN IN PART I(a) 19 WAS AUTOPSY
	CONTRIBUTING TO DEATH BUT	NOT RECOVED TO THE TERMIN	NAL DISEASE CONDITION	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in P	ort I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. 19 While of wo	4	CE OF INJURY (Home, form, tory, street, affice bldg., etc.	20f. (City or tawn)	(County) (State
p. m. 19 of wo	ork of work			
21. I certify that I attended the decea		, 1959, ta_e	Jep/ 7 14	7, that I last saw the decease
alive on JUN 7 195	59_, and that death	occurred at 6:00P	M, fram the causes	and an the date stated abay
alell	1 ald	1801	DDRESS (Street City or too	wn, state) DATE SIGNE
SIGNATURE SIGNATURE	willy (NO)	A.D. 153 11191	me (lee _	7/9/5
PHYSICIAN'S DR. OVERTON G.	HIMMELWRIGHT	Vi Vi	enterted la	yo /
220- BUR AL, CREMATION, 226 DATE THEREOF BUILDAL (Specify) 9-9-59	22c. NAME OF CEMETERY OF Hillcrest B		22d LOCATION (City, fow Cumberlan	
3. FUNERAL DIRECTOR'S SIGNATURE	Cumberland, M	240. REC'U		EGISTRAR'S SIGNATURE
James F. Scarpelli	compertanc' W	CL F SE	P 1 4 '59 C	Certimor La House

death Page 4 eral director, requires that the death certificate be executed within 24 hours after the hospital or attending physicion.

R: After this certificate has been signed by the attending physician and completely filled in by the stacked for use as the buriel-transit permit. Then please managed and popers. Pages I and 2 signed, crematian, or remayal, and in any event within 72 these after goals. TO HOSPITAL OR ATTENDING PHYSICIAN: The law may be retained for the hospital ar attending physician TO FUNERAL TIRE. R: After this certificate has been page 3 should be retached far use as the buriol-tran the registrar priar to burial, crematian, or remayal, a

VS A1S (4) 1SM 9/58



X 1 A	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOIL STATE	Reg. Dist. No.
22 2	1. FLACE OF DEATH O. COUNTY O. STATE D. COUNTY O. STATE D. COUNTY
Poge Poge les	Allegany b CITY OR TOWN (If outside co-porote limits, write RURAL ond give neorest town)
A D	and give nearest fown)
N S S S S S S S S S S S S S S S S S S S	Rural near Cumberland 3 mos Rural near Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat), give street address) d. STREET ADDRESS on A FARM-
S S S	Route 4, Willowbrook Road Route 4, Willowbrook Road YES NO E
delay retain retain e Stot r deat	3. NAME OF DECEASED (Type or print) CHARLES MAXWELL MITCHELL 4. DATE OF DECEASED (Type or print) CHARLES MAXWELL MITCHELL 59
to the	5. SEX 6. COLOR OR RACE 17. MARRIED XI NEVER MARRIED T18. DATE OF BIRTH 9. AGE III 19901. IF UNDER 17EAR IF UNDER 24 HR
da 3 mg da 3 m	Male White widowed Divorced Nov. 3, 1932
Page 5	The USUAL OCCUPATION (G ve kind of work done 10b K.ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Textile Wkr. Celanese Corp. of Cumberland, Maryland USA
offes 1 A3. With	13. FATHER'S NAME AMERICA 14 MOTHER'S MAIDEN NAME
Pogra Para	Thomas M. Mitchell Mary Davis
Give File	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Vas. no. or unknown) Address Rt. 4 Vas. no. or unknown) Korean Conflict 215-26-9892 Mrs. Mary DavisM itchellCumberland, Md
in G	VOS-
lem lem l	18. CAUSE OF DEATH (Enter only one course per time for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH Columns of
your death	7' y DUE TO 0
S S S S S S S S S S S S S S S S S S S	Conditions, if any, which (b) by general terms (b)
by property	(a), storing the underlying PUETO
short comit	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICALIZE, WAS AUTOPSY
Sed Sed	PERFORMED? YES NO 12
be entiff	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 13 PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED LEGIER noture of injury in Part 1 of item 18) PRIMARY ID OF CONTRIBUTING II. A CONTRIBUTING II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 13 PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED LEGIER noture of injury in Part 1 of item 18)
wore f Me wid	
Chie The To the	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (Eity or town) (County) (Stote) Hour a.m. 2/14/519 of work of work of work of work of work
the ge	
KAN MTI I Po II. P	21. I certify that I look charge of the remains described above, held an Autopsy , Inspection Inquiry ond in m
1950	opinion death-resulted from: Natural causes [], Accident [], Suicide Homicide [], Undetermined monner []
	ACTUAL SIGNATURE DATE SIGNED
And Service Control of	ASSISTANT MEDICAL EXAMINER
desi desi	EXAMINER'S Richard J. Williams DEPUTY MEDICAL EXAMINER (Type) Sept. 15,1959
Security Sec	220. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stole)
5 2 4 5 g	Burjal 9/19/59 Sunset Nem. Park Cumberland, Maryland 23 UNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
VS. A15ME	John J. Hafer, Cumberland, Maryland OATSEP 17'59 Colling L. Kind
#M 2/57	DATE 1 33 CNAM A, TWAL



VS A15 (4) 15M 10/57

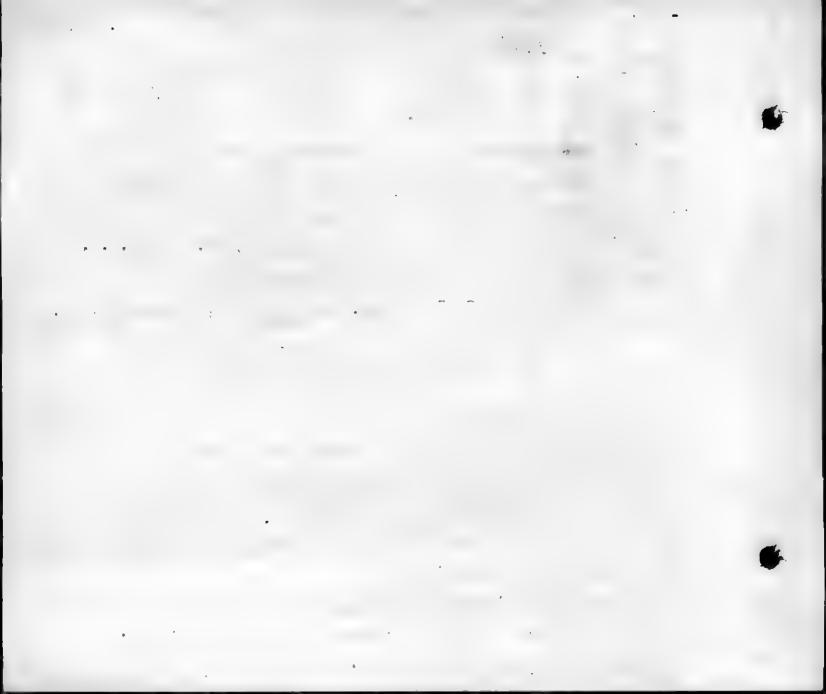
CERTIFICATE OF DEATH

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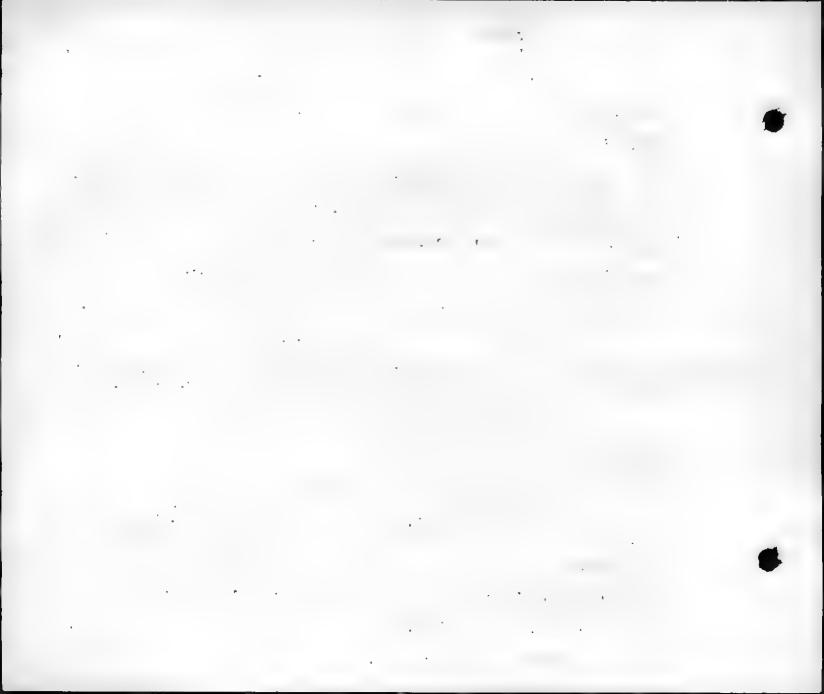
Reg. Dist. No.

Ţ	1.	PLACE OF DEATH			2 HSHAL PESID	EMCE (Whee	re deceased lived	If institutions.	Passelanca I	antona anto	irriant.		
М		allerany		MARYLAND	o. STATE	_		. COUNTY		ACIDITE CIGIT	usstony		
/		b. CITY OR TOWN (If outside corpo	rate limits, write	c. LENGTH OF STAY IN 16	Maryl		tside corporate lin	Alleg	any	negrest to			
		RURAL and give nearest town)						mile, with row.	AL DIO GITT	THE STEEL TO	,		
	-	d. NAME OF HOSPITAL (IF not in ho	spital pive street	78yrs.	(ess) JONAC LONAC					a IS 6	ESIDENCE		
- 1		OR INSTITUTION			Ja. Sinkeri Au	DELIG				ON	A FARM?		
-	_	Castle Si			Cast		treet			TES	NO I		
- 1		NAME OF DECEASED	First	Middle	Last	,	4. DATE OF	Month		Dαγ	Yeor		
		(Type or print) CHAPLE	4	KINGSLEY	MORGAN		DEATH C	/13/1			19		
	5. 5	SEX 6. COLOR OI	RACE 7. MARE	RIED NEVER MARRIED 🔣	B. DATE OF BIRTH		9. AG	A Total Committee of the Committee of th	Aanths Da		DER 24 HRS		
		Male Whit			10/31/	1880	7	8 yrs	numins Dd	ys moul	3 Min.		
	10a	. USUAL OCCUPATION (Give kind of during most of working life, even if	of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State o	fareign country)		12 CITIZE	ITIZEN OF WHAT COUNTRY?			
-		Pipefitter			Lon	acon:	ing. MI).	TT. S	S. A.			
	13.	FATHER'S NAME			14. MOTHER'S					74 AAL.			
		Esau Morgan			Re	haces	a Rinke	79					
ı	15.	WAS DECEASED EVER IN U. S. ARM		SOCIAL SECURITY NO 17 II	NFORMANT	~~~		Address					
	(16)	NO or unknown) (If yes, gave war or	2:	16-07-2720 _w	rs. Nel	144 1	Morgan.	Lona	aanir	or 1	AT)		
ı		1B. CAUSE OF DEATH [Enter only	y one couse per lis		TOO THET	(WIE		Trans		NTERVAL	RETWEEN		
		PART 1. DEATH WAS CAUS	ED BY:		Magal.	(ATE)	rs J	'		DNSET AN			
- [HAZO! DUE TO DUE TO											
	Conditions if one which									(100.0			
- 1	gove rise to immediate									gears			
		ranse (a), stating the anger-	DUE TO							7			
1	z	lying couse lost.	(c)	CONTRICTOR OF A THE PUT	NOT DELATED TO 1					Y			
1	9	O THEK SIGNIFICAN	1 CONDITIONS	CONTRIBUTING TO DEATH BUT	NOI KELATED TO	IHE TERMIN	AL DISEASE CON	DITION GIVEN	EIN PART 1(PER	FORMEDS		
	3 Congestive Heart tailine								YES [⊒ ио 🛛			
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAM	DEATH MINER)	CRIBE HOW INJURY OCCURRE	2. (Enler nature of	injury in Po	rillor Portillofi	tem (B.)					
	MEDICAL			t	ACE OF INJURY IN		20f. (City or tow	n)	(Cou	nty)	(State)		
	MED	Hour a.m.	19 While	Nat while 100	tory, street, office l	biog., eic.j							
		21. I certify that I attende	ed the decease	ed from De A.	1055	to S	0.00	1059	hat I las		e deceased		
- 1		alive an State	3 105	*G	accurred at	10	Ad Garage Abo						
		all the different of the same		I and that death	accorred di		JW, FFGM THE PDRESS (Street, c				DATE SIGNED		
		ACTUAL CO.	RM	L. S.		~		,, or 10*11, sto		9	JH 5		
,		SIGWATURE GEORGE	77.11	act Art	M.D						111112		
		NAME (Type) LESLIE	R. MI	LES JR. M.	D	LONI	MINOSIN	G		M	۵		
	22a	BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF	22c NAME OF CEMETERY OF	R CREMATORY	2	2d. LOCATION (Lity, town, or c	caunty)	(\$1	ale)		
	Βı	urial 9/15	/1959	Oak Hill C	amatany		Lonaco	ning,	MD.				
	23.	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			BY REGISTRAR	24b. REGISTR					
		GEORGE EICH	IORN .	LONACON ING?	MD.	DATE SE	P 1 5 '59	CA	Lung S. 1	inaped.			



VS A15 (4) 15M 9/58

		098	AND STATE DEPA	FICATE OF			,	097	69
Reg. Dist. No.									
1. [PLACE OF DEATH		44 B BA16	I a STATE			and the same of the same of	lence befare admissio	n)
_		Allegany	MARYI		Mary]	and	A.L.	legany	
I	b CITY OR TOWN (I RURAL and give n	f autside carporate limíts, iarest lawn)	write c. LENGTH OF STAY	N 16 c. CITY C			nits, write RURAL an	d give nearest tawn)	
	Frost		6 days	×	Eckha	ırt			
	OR INSTITUTION	AL (If not in hospital, given some source) s Hospita		/ d. STREE	T ADDRESS			e. IS RESH ON A I YES	FARM
	NAME OF DECEASED	First	Middle		Last	4. DATE	Manth	- /	ear
	(Type or print)	Mae	Desmo	nd M	uir	DEATHSET	ptember	28th, 19	9 59
	SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIE	D B DATE OF B	IRTH	9. AG	E (In years IFUND birthday) Manth	ER TYEAR IF UNDER	
E	remale	White V	VIDOWED DIVORCED	Jan.	10th, 1		73 yrs.	Days Hours	Min
	. USUAL OCCUPATION	ON (Give kind of work do ling life, even if retired)	ine 10b. KIND OF BUSINESS OF	INDUSTRY 11. BIRTI	HPLACE (State	ar fareign country)	12.0	ITIZEN OF WHAT CO	ITAUC
	Housewi		own housewo	rk M	arylar	nd		USA	
	FATHER'S NAME				R'S MAIDEN N	IAME			
	John Wil	llison		Ag	nes Wa	alkinsha	a.w		
	WAS DECEASED EVE	R IN U. S. ARMED FORCE		INFORMANT			Address		
-	, no, or parkagely	in yes, give was as bases or nerv	214-05-9925	Melvin	Muir		Eckhart	. Md.	
	Canditians, if a gave rise to i couse (a), stating lying cause last. PART II. OTH	mmediate DUE TO	TIONS CONTRIBUTING TO DEA	Clevel	TO THE TERM	NALD SEASE CON	DITION GIVEN IN P.	ART 1(0) 19. WAS A PERFOR	UTO
S CALLON									NO
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 1 20 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OF	.CURRED (Enter natur	e of injury in f	Port I ar Part II of	item 18 }		
MEDICAL	20c. TIME OF INJUR Haut a.m. p. m.	Y Manth, Day, Year 19	20d. INJURY OCCURRED While Nat while at wark at work	20e. PLACE OF INJUR factory, street, al	Y (Hame, farm fice bldg., etc.	, 20f. (City or tax	wn)	(County)	(Sid
	27. I certify the alive an Se		Becaused from Ty/	death accurred	12:35 p	M, from the caponess (Street, c Broadway	auses and an tity or town, state)	last saw the de he date stated DATE	abo
	//		vis	n	Fr	stburg	Md.		
-	PHYSICIAN'S NAME (Type)								
2a	NAME (Type)	N, 226. DATE THEREOF	22c. NAME OF CEME	TERY OR CREMATORY			City, tawn, ar caunty	4	,
I	BURIAL CREMATIC REMOVAL (Specify)	Oct.1st,	59 Eckhart	tery or crematory		Eckha:		r) (State) Md.	,
I	BUR'AL, CREMATIC REMOYAL (Specify) BUT'A.I FUNERAL DIRECTOR	Oct.1st,	22c. NAME OF CEME	-	r		rt,	Md.	,



out within 24 hours ories begin. It only deloy is necessary, preose exemple. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be 1 PAG. Page 5 moy be reformed for your files. The pages 1 and 2 with the registrar prior to buriol, cremoriton,		ł		
So which the roots ones begin. It only deloy is necessory. So Give Pages 1, 2, and 3 to the funeral director. Page PM3. Page 5 may be reformed for your files. In the pages, and 2 with the registrar prior to burial.	preose exer	2000	, cremotion,	
So whill the transfer deposit. It only delay is the Solid So	Poor Poor	7	o buriol	16.
or within 24 notes order occurs. If only as 8. Give Pages 1, 2, and 3 to the funeral PM3. Page 5 may be retained for your simils. File pages 1 and 2 with the registra	diencia	files.	or prior	
So will the state of the second of the secon	r ony de	for your	e registr	
P. C. Miller & House order of the Poge S may be remit. File poges 1 and 2	3 to the	atoined	with th	
8. Give Pages 1 PM3. Page 5 m rmit. File pages	2 ond	oy be r] ond	
P.M3. P.	Panes 1	oge 5 m	se podes	
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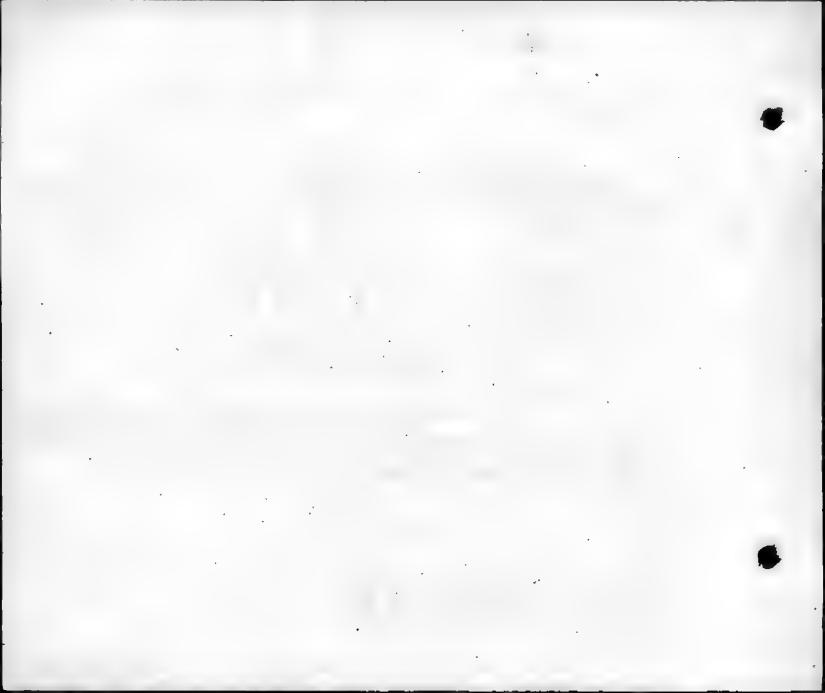
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09770

19784 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

o. COUN	VIY	477		MARYLANE	A STATE		yland	b. COUN!	Y All		
b. CITY C	OR TOWN (# c	Allegany	RURAL	c. LENGTH OF STAY IN 16	c. CITY OF	TOWN III	outside cor	porole fimits, write			
1	(nwot kenoon avi			1 day	23		berla				
d. NAME	OF HOSPITA	L OR INSTITUTION (If not in hos	spital, give street address)	d. STREET						e. IS RESIDENCE
		Heart Hop		Annual Burn annual androws			Mecha	nic Stre	et		ON A FARM?
3. NAME C)F	Fir	1	Middle	Los		4. DATE	Mont		Doy	Year
DECEASI				aphael		•	OF DEATH				
5. SEX		John John		ED NEVER MARRIED	Nee	1	- DEATH	Septel 9. AGE (In years	TIPUNDER 1	20	19 5 9
Mal	e	White	WIDOWE		Sept. 20		00	igst byrinday)		Ogs	Hours Min.
		V (Give kind of work		CIND OF BUSINESS OR INDU		*		yrs.	la citiz	ENIOE	WHAT COUNTRY?
Brewe	ost of working	life, even if retired)		mberland Bre	117		F.1				WHAT COUNTRY
13. FATHER				ry	14. MOTHER'S			aryland	1 Ui	SA	
- Translation	7 1 1 2 1 1 1			- 3							
Je was n	hn St	Thu. S. ARMED FO	o cree I			01	onne.		717	J	Vechanic
(Yes, no, or un	ruonu) (CIN U. S. AKMED FO If you, give wer or deles of	KCESY 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Address	Street	ěť '	ic cilcula c
no_			2	14-05-4830	Mrs. Do	rothy	Nee	Bumber	land,	Mar	ryland
		Enter only and cau	se per line	for (a), (b), and (c).			-			INTERV	AND DEATH
'	PART J. DEATH	WAS CAUSED BY:	Cor	conary Insuffi	ciency a	and Oc	clusi	on. Marke	ed	1	ars
	1	DUE TO								1	
Condit	tions, if on	r, which) (b)	Arrt	eriosclerosis							
	gave rise to immediate cause (a), stating the underlying DUE TO										
couse		fct									
Z	PART II, OTHE	3.5		ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	WAS AUTOPSY
I NO								D4 - 4 4 -			PERFORMED?
20g FX	TERNAL CAUS	FWAS 120	Vesse	els due to ath	eromatou	s mat	erial	Surgery			HANG NO
OCC 200. EXT	TERNAL CAUS Y D or CONT OF DEATH.	RIBUTINGED				ijury in ran	1 of ron II	or item re.)			
	AE OF INJURY		Auton	obile acciden	t						
\simeq				NJURY OCCURRED 200. PL	ACE OF INJURY () story, street, affice	lome, form bidg., etc.	20f. (City	y or town)	(Coun	ity)	(State)
- - 		ept.19 19	of wo	rk of work Rt	#LO		Tow	n Hill			Md
21, 1	certify the	nt I took charge	of the r	remains described ab	ove, held an	Autopsy	/ K . I	nspection TY.	Inquiry	fil.	and find that
death	resulted 1	rom: Natural	causes 🏻], Accident [], St	icide 🔲, H	omicide	□, ∪	ndetermined o	ause 🔲.		
	/	7 ,	- 4	106	. /		_				
ACTUA SIGNA		Beneds	1/	Neitaral.	CHIEF N	NEDICAL EX	AMINER [DATE SIGNED
	70-			Charles Control	ASSISTA	NT MEDICA	AL EXAMINE	R 🗆			
EXAM! NAME	ner's (Type) Be	nedict Ski	itarel	ic. M.D.			EXAMINER E		. 20.	105	(0
220. BURIAL	CREMATION	, 226. DATE THEREO		22c. NAME OF CEMETERY O	R CREMATORY		22d LOCA	TION (City, town,		4,4	(Stote)
Burial	AL (Specify)	Sept. 23	3, 19	59 St. Peter	& Paul	s Cer		nberland		lar	
23. FUNERA	L DIRECTOR'S			ADDRESS		24o. REC'T	BY REGIST	JRAR 245, REGIS	STRAR'S SIGN	NATURE	
John	J. Ha	fer, Cumb	erla	nd, Maryland		DATE	P 2 3	09 a	(Class of)	Trail	4
								V			





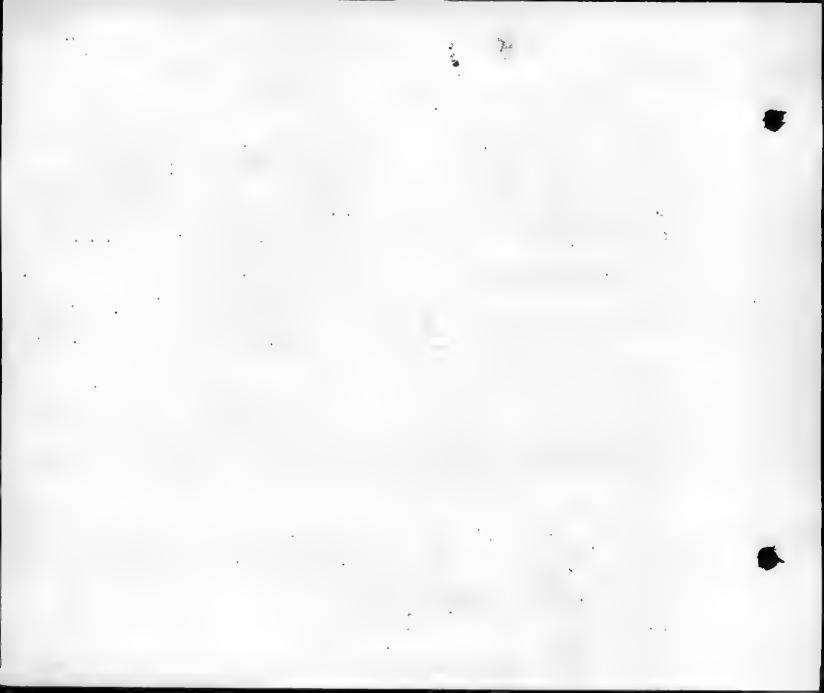
VS A15 (4) 15M 9/58

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D	ctar,	(14)	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 19785

CERTIFICATE OF DEATH

OR INSTITUTION MEMORIAL HOSPITAL IOT MARY ST., ST. IOT MARY ST., IOT MARY ST., IOT MARY ST., IOT MARY ST. IOT MARY ST. IOT MARY ST. IN DEATH WAS CAUSE OF WATH COUNTY MEDICAL EXAMINER) IOT MARY ST. IN DEATH WAS CAUSE OF DEATH IOT MARY ST. IOT M	_	00100	- Cultili les	TIE OI BEATH		Reg. Dist. No.					
b. CITY OR FOWN If outside corporate limits, write RURAL odd give nearest town) 6 DAYS 6 DAYS 6 CATTON TOWN If outside corporate limits, write RURAL odd give nearest town) 6 DAYS 6 CATTON TOWN If outside corporate limits, write RURAL odd give nearest town) 6 DAYS 6 CATTON TOWN If outside corporate limits, write RURAL odd give nearest town) 6 DAYS 6 CATTON TOWN If outside corporate limits, write RURAL odd give nearest town) 6 DAYS 6 CATTON TOWN If outside corporate limits, write RURAL odd give nearest town) 6 DAYS 6 CATTON TOWN If outside corporate limits, write RURAL odd give nearest town) 6 DAYS 7 MARE OF HORTH IN IN INSTANCE OF TOWN IN INSTA	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceased lived. If institut	on: Residence before admission)					
b. CITY OR FOWN IF outside corporate limits, write C. CITY OR FOWN IF outside corporate limits, write C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give nearest town C. CITY OR FOWN IF outside corporate limits, write RURAL and give and several and the surface of the RURAL and SECRET STATE C. COLOR OR ACC COLOR ACC COLOR IN COLOR			MARYLAND	MARYLAND	b. COUNTY	ALLEGANY					
ANAME OF DESTITATION MORBITAL (In pile in bospital, gives trived address) OR INSTITUTION MORBITAL (IN pile in bospital, gives trived address) OR INSTITUTION MORBITAL (IN pile in bospital, gives trived address) OR INSTITUTION MORBITAL (IN pile in bospital, gives trived address) OR INSTITUTION MORBITAL (IN pile in bospital, gives trived address) I MAME OF BEATH OF BEATH OR DESTITAL I DOT MARY ST., I DATE OF BEATH OR DATE OR DATE OR DATE OR DATE OF BEATH OR DATE	Ī	b. CITY OR FOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate limits, write R						
OR INSTITUTION MEMORIAL HOSPITAL IOT MARY ST., ON A FARM MEMORIAL & WARMUCK AVES., IOT MARY ST., ON A FARM MEMORIAL & WARMUCK AVES., IOT MARY ST., ON A FARM MEMORIAL & WARMUCK AVES., IOT MARY ST., ON A FARM MEMORIAL & WARMUCK AVES., IOT MARY ST., ON A FARM MEMORIAL & WARMUCK AVES., IOT MARY ST., ON A FARM MEMORIAL & WARMUCK AVES., IOT MARY ST., ON A FARM MEMORIAL & WARMUCK AVES., IOT MARY ST., ON A FARM PRYOR PRYOR PRYOR OR A FARM PRYOR PRYOR PRYOR ORATICLE (Slow or foreign country) IOT WINDERLY AND MEMORIAL EVERS IN NO. IOT WARM WARMUCK AVER. IN INDEPTIVE COUNTRY IOT WARM AND INTERNAL SERVICE		RURAL and give nearest lown) CUMBERLAND	6 DAYS	O & CUMBERLAN	D						
MANGO PRIOR A VEST Machine Description Descrip		d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	, d. STREET ADDRESS		e. IS RESIDENCE					
TYPO OR PART IN COLOR OR RACE 7 MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In year) IEUNDER LYPORY IEUNDER LYPOR LYPORY IEUNDER LYPORY IEUNDER LYPORY IEUNDER LYPORY IEUN		MEMORIAL & WARWICK AVES.	AL .	· IO7 MARY	ST.,	YES NO D					
SEX 6. COLOR OR RACE 7 MARRIED NEVER NEVER MARRIED NEVER MARRIED NEVER NEVER MARRIED NEVER N	Ì,	NAME OF First DECEASED	Middle		OF	th Day Year					
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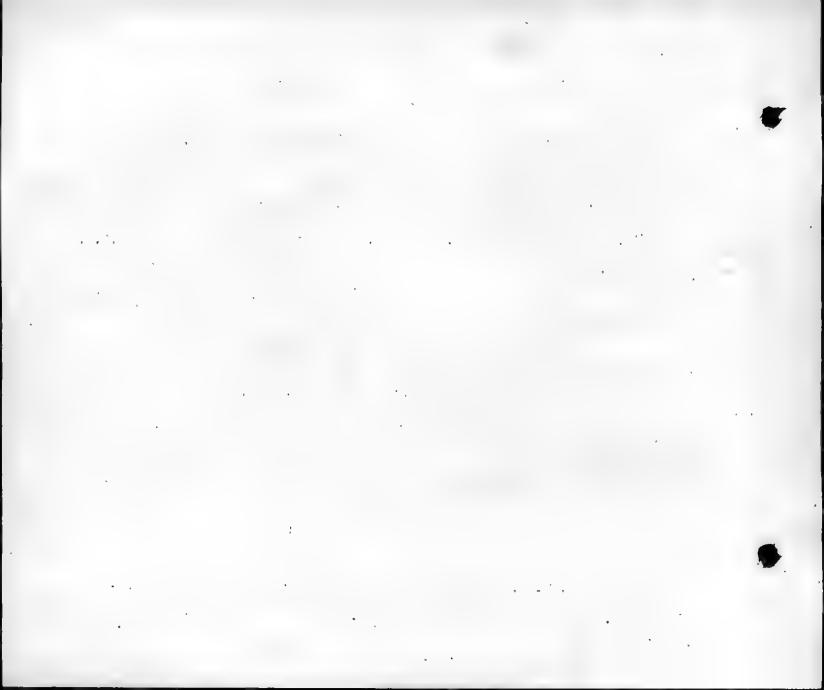
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 AMEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Maryland Allegany <u>Allegany</u> b. CITY OR TOWN IN publide corporate c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Maryland Route RD 2. Frostburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRÉSS e. IS RESIDENCE ON A FARM? YES NOT 3. NAME OF Middle 4. DATE Month Day Yeor DECEASED (Type or print) DEATH September Frederick Rankin 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS im* birthdoy) Months WIDOWED [Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Moose Home Bartender Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Pages James Rankin Mabel Gordon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address BOX Mrs.Mabel Rankin, RFD 2, Frostburg, Md. Yes 38. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF BEATH. DESCRIBE HOW HOURYCONCLURRED, (Eather nature of information 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.] 5 p. m. of work at work war 21. I certify that I'taak charge of the remains described above, held an Autopsy []. A, and find that death resulted fram: Natural causes , Accident X, Suicide , Hamicide . Undetermined cause O DEPUTY MEDICAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE forworded I ASSISTANT MEDICAL EXAMINER Williams DEPUTY MEDICAL EXAMINER NAME (Type) 223. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Jown, or county) (Stote) REMOVAL (Specify)
Burial Porter Cemeterv Eckhart Md ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE SEP Frostburg, Md. Colling & House Joseph R. Durst. 5M 9/55



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			28	CERTIFIC	ATE OF DEAT	1	Reg. Dist. No.			
1.	PLACE OF DEATH	C-0-1-	0.0		2. USUAL RESIDENCE (V	Vhere deceased	lived. If institution	: Residence before	odmission)	
	OUNTY	COANV		MARYLAND	o. STATE		b. COUNTY		,	
_		LEGANY Foutside corporate limi	te meite I - i	LENGTH OF STAY IN 16	MARYL	11.1	A	LLEGANY		
	RURAL and give ne	orest town)	15, 11110 C 6		c CITY OR TOWN (IF		ore limits, write KUN	AL ond give neare	sst town)	
	CUMBERL		1	2 DAYS	02 CUMBER	RLAND				
	OP INSTITUTION	AL (If not in hospital, g		ress)	d. STREET ADDRESS			e.	ON A FARM?	
	MEMORIA	AL HOSPITAL			WASHINGTON	& LEE .	APTS., LE	E STREET	YES NO X	
3.	NAME OF	Fir	st	Middle	Lost	4. DATE	Month	Day	Yeor	
	DECEASED (Type or print)	.10	HN	JOSEPH	REINHARD	OF DEATH	SEPTE		19 59	
5	SEX	16. COLOR OR RACE		-	B. DATE OF BIRTH	1		FUNDER 1 YEAR IS		
	–			NEVER MARRIED		dd1	last birthdoy)		Hours Min	
_	MALE	WHITE	WIDOWED [APRIL 19,/	806	/3 yrs.			
IŲ¢	during most of work	ON (Give kind of work of ing life, even if retired)	ione 10b. KINI	D OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (Stat	e or fareign coi	antry)	12. CITIZEN OF V	VHAT COUNTRY	
	RETIRED	PEPS		BOTTLING CO	D. MARYLAI	ND		U.S.A		
3.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	GEORGE A	• REINHARD			ANNA L	ONG				
		R IN U.S. ARMED FOR		IAL SECURITY NO.	INFORMANT		JA DULL CAddres	MEMORIA	LAVENUE	
,	no.	III yes, give wor or other or s	E V(CB)	r	MEMORIAL HOSP	ITAL	CUMBERLAN	D. MARYL	L AVENUE AND	
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TIE	200 ACCIDENT WA	S UNDERLYING	20b. DESCRIBE	HOW INJURY OCCURR	ED (Enter nature of injury in	Port I or Port	ll of item 1B)			
	(IF EITHER, NOTIFY	CAUSE OF DEATH								
8	20c. TIME OF INJURY	Y Month, Day, Yes	or 20d. INJUR	Y OCCURRED 20e. F	LACE OF INJURY (Home, for	m, 20f. (City	or lown)	(County)	(State	
9	Hour a.m.	19	While	Not while	octory, street, office bldg., e	tc.)		((
Σ	p. m.		ot work	at work	50 5	20.37	47/2			
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	1.	. 000	1010	n.	4.5	ADDRESS (Str	eet, city or town, st	ole)	DATE SIGNED	
	ACTUAL SIGNATURE	1. Wyred	You	orms	MD. 122	5. 6	entre	At,	4 86,27	
					<i>C.</i> .	10.	01.	~ /	15	
	PHYSICIAN'S NAME (Type)	DR. W. A	· VAN	ORMER	w	me	ind 1	mi.		
220	BURIAL, CREMATION	N, 226. DATE THEREO	F 220	C. NAME OF CEMETERY	OR CREMATORY /7	22d LOCATI	ON (City down, or	county)	(Store)	
K	Sure	7/7/3	7 1	as Feller 9	foul.	(u	mberle	sund 1	12x,	
3.	FUNERAL DIRECTOR'S	S SIGMATURE	/	ADDRESS	240 PF6	D BY REGISTR	AR 24b, REGISTI	RAR'S SIGNATURE		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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23. EUNERAL DIRECTOR'S SIGNATURE

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1
09727	OFFICIO A RE	OF DEARLI	

24b. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Allegany MARYLAND Allegany Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Dansville Cumberland days d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Sacred Heart Hospital YES NO TO Rural NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH Wm 1950 Robertson Leonard 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min WIDOWED [7] DIVORCED [45 yrs Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) U.S.A. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Gracie Harrison Robertson 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give war or dates of service) 233-44-5539 WAY 119 Pt's chart Yes 18. CAUSE OF DEATH [Enter only one couse pendine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19, WAS AUTOPSY PERFORMED? YES NOXIX 200 ACC DENT WAS UNDERLYING ACC DENT WAS UNDERLYING ACC DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year Month. 20d. INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) Hour O. m. While Not while of work of work p, m, 21. I certify that I attended the deceased fram Mhat I last saw the deceased alive and death accurred at_____ _M, from the causes and an the date stated above. ADDRESS (Street, city or Jewn, state) **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Sept. 20, 1959 Danville , Md Waxler Burial

ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R STATE Rea. Dist. No ALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) COUNTY **b** COUNTY Allegany Marvland Allegany MARYLAND b CITY OR TOWN (Faultide corporate brids wide RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest fown) Fros thurg Marvland Route d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 118 McCulloh St. NAME OF DECEASED DEATH September D. Seifarth (Type or print) Robert 9 AGE (In poors 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR Months March 30th, 1919 WIDOWED [7] DIVORCED [Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Shote or foreign country) 32. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Steel Const. Worker Blidg, Constr. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Walsh Andrew Seifarth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 118 McCulloh St., Mrs.Edith Frostburg, Md. .Seifarth 18. CAUSE OF DEATH | Enter only one cause per I ne for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse lost. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of ignury in Part for Part fill of Hem 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(9) 19, WAS AUTOFS) PERFORMED? NO

ON A FARAGE

USA

(County)

200. EXTERNAL CAUSE WAS PRIMARY Pror CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) Jactory, street, off ce bldg, etc.)

of work of work 21. I certify that I taak charge of the remains described abave, held an Autopsy [] Inspection X.

Accident DI Suicide . Homicide . Undetermined manner opinion death resulted fram: Natural causes 1.

DATE SIGNED AGTUAL CHIEF MEDICAL EXAMINER SIGNATURE

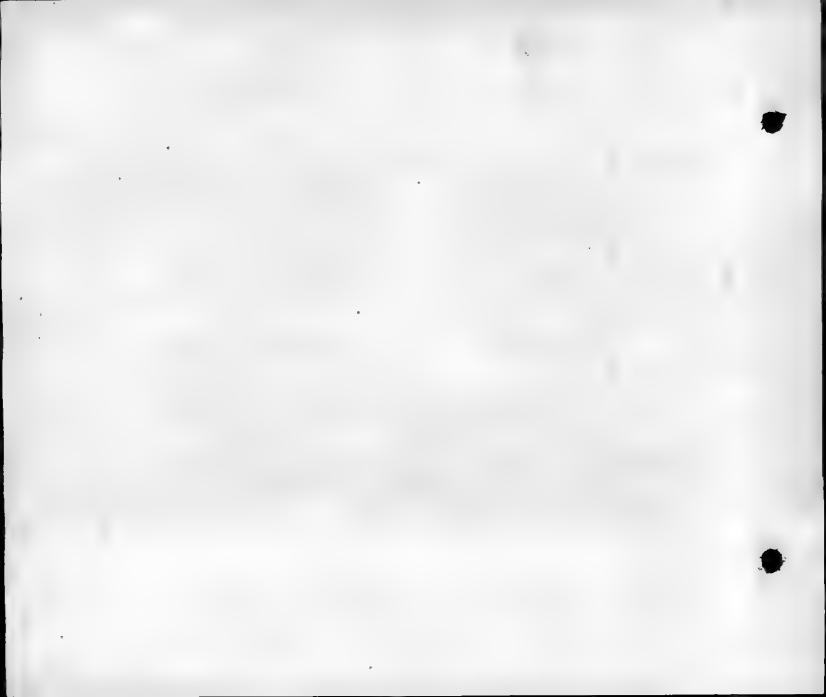
J. Williams NAME (Type) 22c NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION, 22b DATE THEREOF

(Slote) Burial F'bg.Memorial Park Frostburg, Md. ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE SEP 21 '59 Frostburg, Md. Joseph R. Durst, Caller & Kraus

VS A15ME

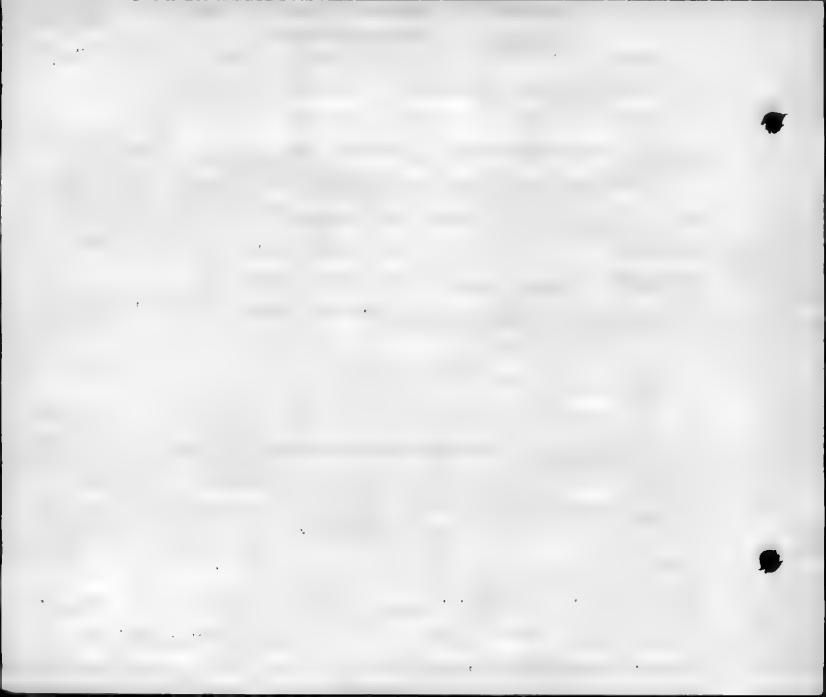
FUNERAL



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	US 189	CERTIFICA	TIL OI L			R	eg. Dist. No	١	
1. PLACE OF DEATH o. COUNTY		MARYLAND	o. STATE			l, If institutions b. COUNTY			ion)
b. CITY OR TOWN (If outside corporal	a Birrian contant la BE	107.1 oc 27.1 v 11.1 31		<u>Maryl</u>			Allega		
RURAL and give nearest town)	e timis, write C. LE	NGTH OF STAY IN 16			itside carporate li	mits, write RUR	AL and give ne	arest tawn	1)
d. NAME OF HOSPITAL (If not in hosp	ital cive stead calden	years	d. STREET A	Olidto	WD			10 550	105-105
OR INSTITUTION 35 South		2)	d. SINCEL A	DOKE22					FARM?
3. NAME OF	First	Middle	Los	1	4. DATE OF	Month	D	зу	Year
(Type or print)Florence	Rebeco	ca Si	rvock		DEATLL	tember	28		19 59
5. SEX 6. COLOR OR 9			B. DATE OF BIRTI	1	9. Ac	E (In years IF		IF UND	
White	WIDOWED 💭	DIVORCED	T-1 05	1.0			lanths Days	Hours	Mis.
100. USUAL OCCUPATION (Give kind of during most of working life, even if n	work done 10b, KIND		July 25 STRY 11. BIRTHPL				12. CITIZEN	DF WHAT	COUNTRY
Housewife	Own	Home	Town	Cree	k. Mary	land	i t	ISA	
13. FATHER'S NAME			14. MOTHER'S				·		
Upton Athey			Sar	ah At	hey				
15. WAS DECEASED EVER IN U. S. ARMET	FORCES? 16. SOCIA	L SECURITY NO. 17. I	NFORMANT			outhasi			
INO	not or tervices	Ma	s. Clar	a Bua	Cui	mberlan	ıd, ^M ar	ylan	id
IB. CAUSE OF DEATH [Enter only o			B. Clair	2 208	er				
PART I. DEATH WAS CAUSED		(o), (o), end (c).	ø	4			ON	ERVAL BE SET AND	DEATH
IMMEDIATE CAL	JSE (a)	Cocc	me	a			4	ó	H
DI	UE TO		- 0.						
Canditions, if any, which]	Ib)	Leros	elero	and				15-	4
gave rise to immediate	UE TO						- '		1-1-
lying couse last.	JE 10								
	(c)	ON THE PARTY OF TH							
PART II. OTHER SIGNIFICANT 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DI (If ETHER, NOTIFY MEDICAL EXAMI	CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT KELATED TO	THE TERMIN	NAL DISEASE CON	IDITION GIVEN	IN PART I(c)	PERFO	RMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	206. DESCRIBE (HOW INJURY OCCURRE	D. (Enter nature a	Finjury in P	ort I or Port II of	item 18.)			
		OCCUPAND 200 FI	ACE OF INITIDY II	· · · · · · · · · · · · · · · · · · ·	The test				40
Haur o. m.	, Year 20d. INJURY While 1	Not while fo	ACE OF INJURY II clary, street, affice	bldg., etc.)	L ZUT. (City or to	wn)	(County)		(State)
р. т.	19 of work 🔲 o	of wark			j				
21. I certify that I attended	the deceased fr	am Jaan	10 5	11 S.	Jar 28	10.05	hat I last s	aw the	docease
alive an 5-Asx. 7	10 . 19 59								
dilas dil		_, and that death	occurred at						
ACTUAL A D	8 L	152,51	0=0 ***		DDRESS (Street, o				ATE SIGNE
SIGNATURE Clary	2, 00		M.D. 236 V	ırgın	ia Ave.	Cumber	land,	rlary	land
PHYSICIAN'S NAME (Type) Clay E. Di	irrett h	I.D.	236	Virci	nia Ave	oue Cu	mbonlo	nd	иа
220. BURIAL, CREMATION, 226. DATE TO									
PEMOVAL (Specify)		NAME OF CEMETERY O			22d. LOCATION ((Stak	e)
		Shryock Ce	metery		Town Cr				
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D	BY REGISTRAR	24b. REGISTRA	AR'S SIGNATU	RE	
John J. Hafer, Cı	umberland.	Maryland		DATE TO	T 2 '59	1000	- 1 3-		

VS A1S (4) 15M 9/55



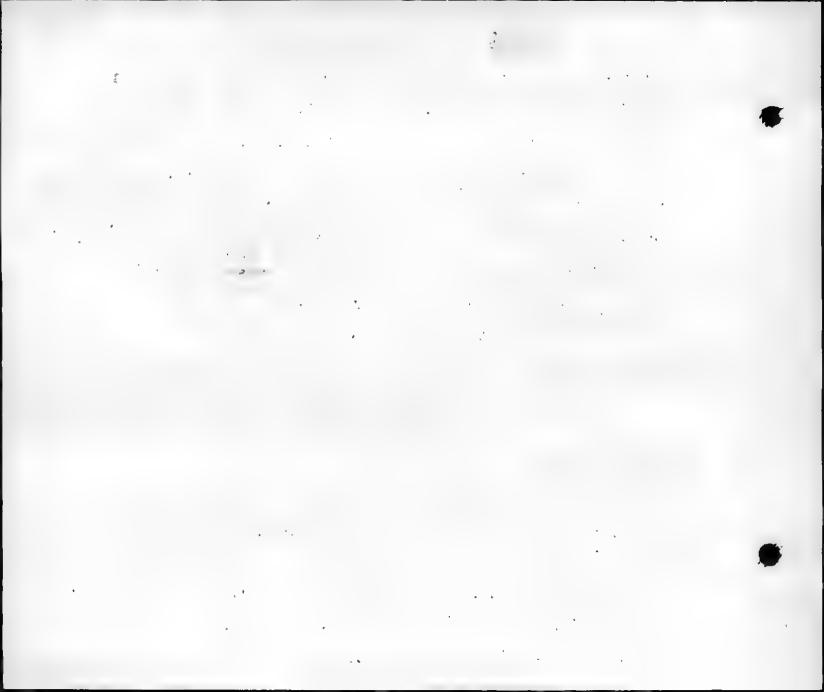
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10729

		CD	900	3					Keg. DIS	T. PIQ.	
1 PLACE OF DEA a. COUNTY (內分前後令)		D ALLEGAN	7	MARYLAN	40	2. USUAL RESIDENCE (Who a. STATE N. RILLIND	ere decease	d lived If institute b. COUNTY			edmission)
b. CITY OR TO	WN (If	outside corporate lim		E LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF or	utside corpo	prote limits, write R	URAL ond g	ive neares	t town)
RURAL and	TIVE PEC	itan jowu)		10 HOURS		CUMBERL	ND				
d. NAME OF I	IOSPITA	L (If not in hospital,	give stree	et address)		d STREET ADDRESS				•	S RESIDENCE
		ART HOS'I	ral			204 S. LEE	ST.				ES NO
NAME OF DECEASED		Fi	rst	Middle		Lost	4. DATE	Mon	th	Day	Year
(Type or print)		FLC:	Ra	ESTELLA		SMITH	DEATH	DE F.		1)	19 33
SEX		6. COLOR OR RACE	7 MA	RRIED LINEVER MARRIED] 8	. DATE OF BIRTH		9. AGE (In years lgst birthday)			UNDER 24 HRS
FEMALE		NE GRO		WED DIVORCED			189)	30 угз	, , , , , , , , , , , , , , , , , , ,	DOYS I	Mill.
during most of	JPATIOI if worki	N (Give kind of working life, even if retired	done 10	b. KIND OF BUSINESS OR II	N D US1	TRY 11. BIRTHPLACE (Stote of	or foreign c	auntry)	12 CITE	CEN OF W	HAT COUNTRY?
hOU.		7r (MaRYLAIJ			1	1.	14-
3. FATHER'S NA/			\			14. MOTHER'S MAIDEN N	AME MA	ulor			
		OK (DECEAS				ELMIRE			ASED)		
(Yes. not ar yestgown)	D EVER	IN U. S. ARMED FOI Tyes, give war or dates of		6. SOCIAL SECURITY NO		FORMANT		Add	ress		
1/0		***************************************		10 10	ڊير د	FIENTS CHART					
		_	ouse per	line for (o), (b), and (c).						ONSET	AND DEATH
PARI	I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE ()(Coucer & a	in.	mery				61	untes
175,	0	DUE TO)	•							
Conditions)(
gove rise couse (a), s	oting t										
lying cause			c)								
PART	I. OTH	er significant con	NDITION:	S <u>CONTRIBUTING TO DEATH</u>	BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION G	EN IN PART	- F	PERFORMED?
□ OR CONTRIB	JTING I	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	ESCRIBE HOW INJURY OCCU	JRRED	. (Enter noture of injury in P	ort I or Par	rt of item 18.)			
20c. TIME OF		Month, Day, Ye				CE OF INJURY (Home, form, ory, street, office bldg., etc.		y or town)	{C	ounty)	(State
20c. TIME OF Hour	D. M. D. M	19	While of w	le Nat while	TOCI	ory, sileer, office blog., etc.	1				
21. Learti	by the	at I attended the	decer	ased fram 3 -	Y	, 19.59, to 9	1-16	1059	that I la	st sow F	he decense
alive an	9	- 10-	10			occurred at 3:50	M. from	the course on	d an the	date of	tated above
Jivo dit.		0 11	./ 1 4	, and mar de	MIII			itreet, city or town,		adie 31	DATE SIGNE
ACTUAL SIGNATURE_	-	a Bring	0		A.	I.D					
PHYSICIAN'S NAME (Type	LF	WIS BRING	S, M	1.D.		57 GREEN	E 51.	, CUMBAKI	e Alis	MARYI	C. C. S.
20. BUR AL, CRE	oec fyy∭	22b DATE THERE	OF 159	22c. MAME OF CEMETE	PY_OR	CREMATORY	22d NOCA	TION (City, town,	or county)	n Q	(Stote)
3 FUNERAL DIRE		SICHATURE	\	ADDRESS		A 101 0551	BY REGIS	TRAR 24b. REGI	STRAR'S SIG		,
De	بسياسا	Atun	- 1	no Oum	1.	MA DATE SE	P 23	59	allows of	Thank	

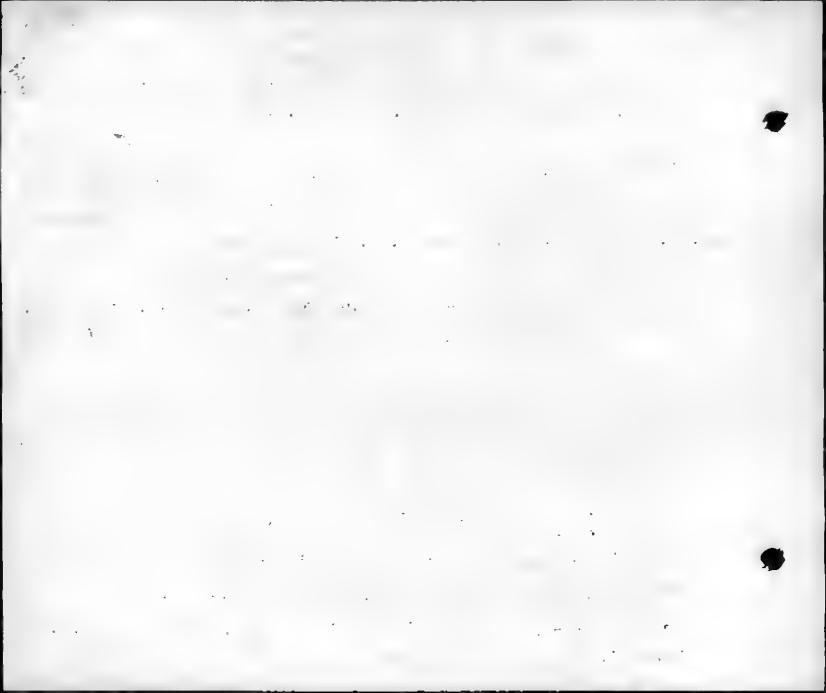


VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

098	13	CERTIFIC	CATE O	F DEATH	1		Reg. D	ist. No		
1. PLACE OF DEATH a COUNTY			2. USUAI	RESIDENCE (Wh	ere decease	d lived. If institute	on: Reside	nce befo	re admiss	ion)
Allegany		MARYLAN	D O. STA	" Maryl	and	b. COUNTY	All	ega	ny	
 b. CITY OR TOWN (If autside corporate RURAL and give nearest town) 	limits, write	LENGTH OF STAY IN 1	b c CIT	Y OR TOWN (If a	utside corpo	orate limits, write R				1)
Mt. Savage		45 Yrs.	X	Mt. S	avag	е				
d NAME OF HOSPITAL (If not in hospi OR INSTITUTION	tol, give street od	idress)	/ d. \$T(REET ADDRESS				-		FARM?
3. NAME OF DECEASED (Type or print) F1	First ank	Middle	Sn	vder	4. DATE OF DEATH	Mon September		lst		Year 19 59
5. SEX 6. COLOR OR R	ACE 7. MARRIE	D 🚺 NEVER MARRIED 🗌			-	9. AGE (In years last birthdoy)	IF UNDE	r	IF UNDE	
Male White	WIDOWED	DIVORCED [May	12th, 18	389	70 yrs	Manths	Days	Hours	Min
10a. USUAL OCCUPATION (Give kind of v during most of warking life, even if re	rark dane 10b. KI	IND OF BUSINESS OR IN	DUSTRY 11. BI	IRTHPLACE (State	or foreign o	country)	12,CI	TIZENO	FWHATC	OUNTRY
Retoiler Spin.	Dept.Ce	elanese Co	rp. F	ennsvl	vania	3	ŀ	US	A	
3. FATHER'S NAME				HER'S MAIDEN N	IAME					
Unknown			0	atheri	ne Sr	nvder				
5 WAS DECEASED EVER IN U. S. ARMED		OCIAL SECURITY NO.	INFORMAN	ī		Addi	1655		***	
, , , , , , , , , , , , , , , , , , , ,		10-7385	Mrs.Ma	rgaret	B.Sr	nyder. M	t. S	Sava	ge.	Md.
18. CAUSE OF DEATH [Enter only o	ne couse per line			/				INT	ERVAL BE	TWEEN
PART † DEATH WAS CAUSED IMMEDIATE CAU	BY: Ca	remons	a	tano	rea	0		UN		NEXIH.
1////	E TO									
Conditions, if any, which)	(b)									
gove rise to immediate	E TO									
lying cause last.	(c)									
PART II. OTHER SIGNIFICANT		NTRIBUTING TO DEATH	BUT NOT RELAT	TED TO THE TERM!	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	RMED?
PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT PART III. OTHER SI	ATH	IBE HOW INJURY OCCU	RRED. (Enter no	ture of injury in I	Part i ar Po	rt II of item 1B.)				
20c. Time OF INJURY Month, Doy, Hour o. m. p. m	Year 20d, INJ While at work	Not while	PLACE OF IN. factory, street	IURY (Home, farm , affice bldg , etc.	, 20f. (Cit	y ar tawn)		(Caunty)		(State
21. I certify that 1 attended	the deceased	from 5/4	, 19	57, to	7/1	کور	Wat I I	ast sav	w the d	ecease
alive an 8/30	. 19 5	0	ath accurre	d at 2 30	M. fram	the causes on				
11:00	0	1/				street, city ar town,				E SIGNE
ACTUAL SIGNATURE	ruslin	My	M.D	48 I	Broad	lway				
PHYSICIAN'S Hilda Ja			M.D.		stbur		-	~ ~ ~		
220. BURIAL, CREMATION 22b. DATE TH	EKEOF	22c. NAME OF CEMETER				TION (City, town,			(Stot	
Burial 9-4-5	9	Methodist	Cemer			Savage.		1000	Md	
23. FUNERAL DIRECTOR'S SIGNATURE	Man a	ADDRESS		-	THE REGIS	##59 245. REGI	ivii	1 d	NO.	
Joseph R. Durst	. FTO	stburg. Md		DATE					mana"	



VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALT	IMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF I	DEATH	

	00700			Reg.	Dist. No.
1, PLACE OF DEATH			2. USUAL RESIDENCE (Wh	ere deceased lived. If institution: Re	sidence befare admission)
" a. COUNTY	llegany	MARYLAND	o. STATE Mary la	and b county A	Ilegany .
b. CITY OR TOWN ((f autside carporate fimits, write EURAL	c. LENGTH OF STAY IN Th	E. CITY OR TOWN (If a	utode corporate limits, write RURAL	and give nearest town)
Cu.ib.r	7 7	45 yrs.	Cumber	cland	
d. NAME OF HOSPI	TAL OR INSTITUTION (II not in he	spital, give street address)	d. STREET ADDRESS		e. IS RES DEF . E.
D.O.A. VI	erorial Hospi	tal	410 Bi	roadway	YES NO 1
3. NAME OF DECEASED (Type or print)	Orlando	Middle Ray	Span ;ler	OF DEATH Set	2 19 59
5. SEX	6. COLOR OR RACE 7. MARRI	ED M NEVER MARRIED 8	DATE OF BIRTH	1-4 by high 1	DER TYEAR IF UNDER 24 HRS.
Malo	White WIDOWE	D DIVORCED [March 18,188		Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10b ing tile, even if retired)	KIND OF BUSINESS OR INDUST	RY II. BIRTHPLACE (State of	r foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Conque	tor-retired	Railroad	Huntingto	on, W. Va.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Jere	emiah Spangler		Sarah		
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 19	FORMANT	Address	1
no		705-09-7.29	rs. Mae Spai	ngler, Cubberl	aa, d.
	ATH Enter only one cause per line		-		ENTERVAL BETWEEN ONSET, AND DEATH
PART I DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	romar	7 Shr	- day	Church
420.1	DUE TO	. /	101	- 10	
Canditions, if		armel	- Urle	in pleasen	7.4
gave rise to imm (a), stating the) OUE TO	(/	
Couse fost.) (c)			£	
Z PART II, O	THER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN IN I	PART 1(6) 19. WAS AUTOPSY PERFORMED?
3					YES NO T
PART II, O'	DNTRIBUTING 🔲	DE HOW INJURY OCCUPRED, (E	nter nature of injury in Port f	or Fort It at item 18.)	
20c TIME OF INJU	T	INJURY OCCURRED 204 PLAT	CE OF INJURY (Home, form, ory, street, office bldg, etc.)	20f, (City or town)	(County) (State)
Hour Se S		le Not while Toch	ory, salest, united plog , etc.)		. /
	that I took charge of the	remains described oba	ve, held an Autapsy	, Inspection , Inq	uiry , and in my
opinion deal	resulted Tamery Natural	causes , Accident []. Svicide [], H	omicide [], Undetermine	d manner
ACTUAL SIGNATURE	1X/ //lus	haven	_M.D CHIEF MEDICAL EXA	MINER 🗍	DATE SIGNED
EXAMINER'S NAME (Type)	Richard J. Wi	llia s,MD	ASSISTANT MEDICAL EX		- 7/10/59
22a. BUR AL CREMATI REMOVAL (Specif Furial	10N 22b. DATE THEREOF 7) 9-11-1959	Terra Alta		22d LOCATION (City, town, or equal Terra Alta, W	(Slate)
23 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 246, REGISTRAR'S	SIGNATURE
James	F. Scarpelli,	Cumberland, "	d. DATESER	1 4 '59 arthur.	S. Kraus
			1000		



}		nerol director,	os the burial transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	
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		erificate has been signed by the attending physicion and completely filled in by th	pleose ri	
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		ned by	ermil.	
	ician.	een sig	dusit p	-
	ottending physician	has b	urial-M	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 09791 Reg. Dist. No. 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) . STATARYLAND o. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBER LAND CUMBERLAND I DAY d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION MEMORIAL HOSPITAL ON A FARM? AUBURN AVENUE YES NO X NAME OF Middle 4. DATE Month Day Yeor DECEASED CHARLES TIPTON W. DEATH SEPTEMBER (Type or print) 19 59 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days MALE WHITE WIDOWED | DIVORCED | I9I0 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Note Spinner WEST VIRGINIABlaine Textile. Yarn U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES TIPTON BERTHA BARNHART WARWICK & AMEMORIAL AVENUE IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 214-07-5488 MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) YYOCARNIAL INFARCTION 420.0 **DUE TO** SCLEROTIC HEART Conditions, if any, which I gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II LOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO TU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18. (IF EITHER, NOTHEY MEDICAL EXAMINERY 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d, INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour O. m. Not while 19 at work of work p. m 21. I certify that I attended the deceased fram 1927, that I last saw the deceased

and that death accurred at 6:15 M, from the causes and an the date stated above. ACTUAL SIGNATURE

(Stote)

PHYSICIAN'S NAME (Type)

DR. WEISMAN

22b DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sunset Temorial Park Buria 9 - T4 - 59

22d. LOCATION (City, town, or county)

Curberland . Md 24h. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR

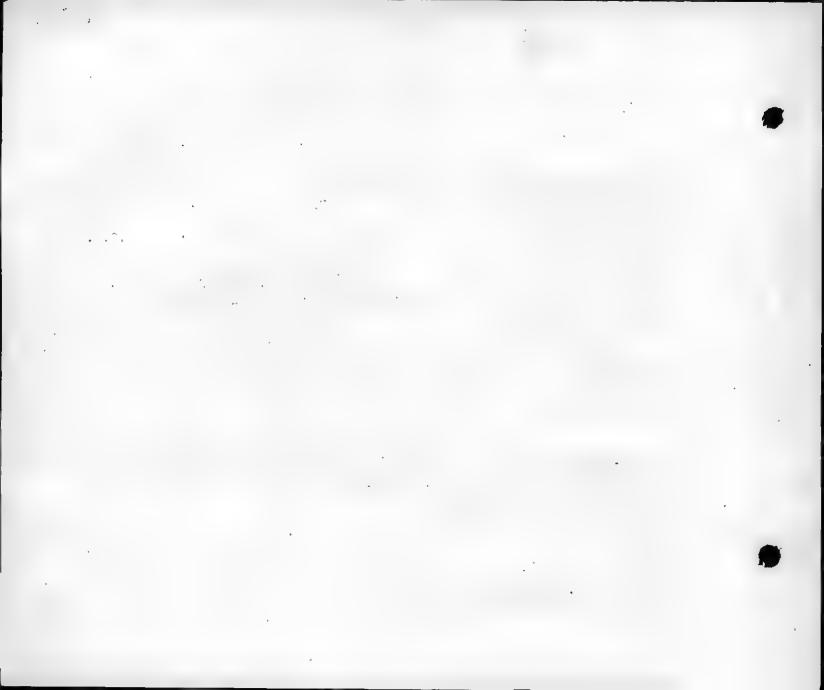
23. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli Cumberland, Md.

DATSEP 1 7 '59

cino & King

FUNERAL I 9 VS A1S (4) 1SM 9/SB

ä 0 0



24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Jerthur & Kinns

DAT OCT 5 2 '59

VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

James F. Scarrelli. Cumberland. Md.



10 HOSPITAL OR ATTENDING PHISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		TO FUNERAL DIR	page 3 should the noched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 s. Ed be filed with	1
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0	may be retained by the haspital ar attending physician.	0	ď	the registror prior to buriel, crematian, or remayal, and in any event within 72 haurs after deals

VS A15 [4] 15M 9/SS

MARYLA	STATE	DEPARTME	NT OF	HEALTH	-BALTI	MORE,	18

CERTIFICATE OF DEATH

	09793		CERTIFICA	ATE OF DE	ATH		Reg. Dist. No		0
1. PLACE OF o. COUNT	DEATH		MARYLAND	o. STATE	CE (Where dece	ased lived. If instituti b. COUNTY			n)
b. CITY O RURAL	R TOWN (If outside corporate limit and give nearest town)	s, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOV	/N (If outside co	rporate limits, write R			
d. NAME OR INS	nberland OF HOSPITAL (If not in hospital, gi	ive street oddres	2 years	d. STREET ADDI	erland RESS			e. IS RESID ON A F	ENCE ARM?
	Lafavette Ave			721	Lafayet	tte Avenu	٥	YES 🗍	NO G
3. NAME OF DECEASED (Type or p)		Middle	lost	4. DAT OF DEA			,	
S. SEX	6. COLOR OR RACE		The state of the s	8. DATE OF BIRTH	DEA	9. AGE (In years	er 14	19	VV.
Mai		MIDOMED [DIVORCED [1876	lost birthdoy)	Months Days	Hours	Min
10a. USUAL (OCCUPATION (Give kind of work does of working life, even if retired)	lone 10b. KIND	OF BUSINESS OR INDU	STRÝ 11. BIRTHPLACE	(State or foreign	n country)	12 CITIZEN C	F WHAT C	OUNTRY?
	ed Engineer	B & C	Railroad	Fairvi		nty,Penn.	USA		
15. WAS DEC	ekiah Weller EASED EVER IN U. S. ARMED FORCE		& SECURITY NO. \$17. I	Mary F	Ellen Al	llison	mu Montre	al Av	enue
(Yes, no, or unk	nown) (If yes, give wor or dates of se	rvice)	II.	ward Wells	con Count	hamland 1	Manual and		
	ISE OF DEATH [Enter only one co-	use per line for		VARU WELLE	er Cimi	herland,		ERVAL BETV	WEEN
	ART I. DEATH WAS CAUSED BY:		11/20	reserve	The	rombo	ON	SET AND D	EATH
42					i				
Condi	tions, if ony, which) (b)	7	regionse	lites à	Down	apressat		37	e
cotte (rise to immediate DUE TO DUE TO ausu last.		0						
ZOG. ACCON CIF EITHE	PART II. OTHER SIGNIFICANT CONI	DITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(o)	PERFORA	MED?
	TIDENT WAS UNDERLYING THE ITERITY OF DEATH R. NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCURRE	D. (Enter nature of in	ury in Port I or I	Part II of item 18.)			
	OF INJURY Month, Day, Year e.m. 19	While 1	OCCURRED 20e. Pt	ACE OF INJURY (Homotory, street, office blo	ie, farm, 20f. (C lg., etc.)	lity or town)	(County)		(Stote)
21, 1 c	ertify that I attended the	- 135	77			14 , 19.57			
alive o	on Buff, 17	12	, and that death	occurred at/				te stated	above.
ACTUAL SIGNATI	IRE Clay	Su	rest	M.D. 236 VL	Ja.	(Street, city or lown,	state)	(9)	SIGNED
PHYSICIA NAME (1	AN'S Clay E. Durr	ett. M.	.D.	2.76_1	Zirginia	Avenue.	Cumberla	nd. N	ld.
	CREMATION, 22b. DATE THEREO	F 22c.	NAME OF CEMETERY O			CATION (City, town,		(Stole)	
Puri	al Sept. 18	,		t Cemeter		mberland,			
	DIRECTOR'S SIGNATURE		ADDRESS		a. REC'D BY REG		STRAR'S SIGNATU		
John	J. Hafer, Cumb	erland	Maryland	DA	TE SEP 1	8 59 C	lathur & th	-114	





VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Allegany MARYLAND b. CITY OR TOWN III outside corporate kinita, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest fown) Cumberland Cumber Land d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? B&O Railroad Yards, Cumberland Md YES NO TH Box 80 Potomac NAME OF 4. DATE Middle Month Year DECEASED OF DEATH 1959 Type or print) Vermont Gilbert Zollner Sept. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Doys Hours WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stota or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Carman Helper Railroad Cumberland, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oswald Clara E. Kaylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT yes, give war at datas of service) ves Zollner. Cumberland, Md. Grant 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), ONSET AND OFATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate cause **DUE TO** (o), stating the underlying cours lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT INDITIONS THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 TP, WAS AUTOPS PERFORMED? 20d. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPRED. Knigf noture of injury in Port 1 or Part 41 of itemp18. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) street, office bldg., etc.) Hour on m. of work ot work 21. I certify that I took charge of the remains described above, held an Autopay Inspection Z. Inquiry 2 and in my opinion deoth_resulted from: Notural couses . Accident . Suicide 7 Homicide Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** Richard Williams NAME (Type) DEPUTY MEDICAL EXAMINER [16] 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, for county) (Stote) -5-1959 Davis Memorial Cemetery Cumber land, and. 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. DATSEP Cirthur & House

